

**FORM
INSP**

Rev
X/20

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

05/11/2023

Submitted Date:

05/17/2023

Document Number:

700300563

FIELD INSPECTION FORM

Loc ID 312083 Inspector Name: LABOWSKIE, STEVE On-Site Inspection 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Operator Information:

OGCC Operator Number: 10749
Name of Operator: SIMCOE LLC
Address: 1199 MAIN AVE SUITE 101
City: DURANGO State: CO Zip: 81301

Findings:

- 13 Number of Comments
- 3 Number of Corrective Actions
- Corrective Action Response Requested

ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

Contact Information:

Contact Name	Phone	Email	Comment
, General		sjninspections@ikavenergy.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
215024	WELL	SI	05/01/2019	CBM	067-06629	HOTT 20-02 1	PA
458385	WELL	EP	10/27/2020		067-10027	Tiffany 5-3	PR
458386	WELL	EP	10/27/2020		067-10028	Tiffany 5-2	PR

General Comment:

Inspection to confirm status of wellbores and equipment by compliance supervisor Steve Labowskie. This inspection does not address stormwater and location construction issues/CAs in 4/25/23 reclamation inspection doc# 690204125

Location

Overall Good:

Signs/Marker:

Type	OTHER		
Comment:	containers and drums without any labels (see slide 18)		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	no tank labels observed or placards on either produced water tank		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	no sign to differentiate individual wells		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	UNUSED EQUIPMENT		
Comment:	see slides 10, 11, 19 and 21 for equipmet that appears no longer needed for ongoing oil and gas operations from relcamation area, ointerim reclamation area and production area.		
Corrective Action:	Put into service or remove unused equipment per Rule 660.e and 1003.a and Form 2A COAs	Date:	06/18/2023
Type	OTHER		
Comment:	waste oil? stored in container with noi spill prevention measures (see slide 18)		
Corrective Action:	install spill prevention measures per 1002.f	Date:	05/31/2023

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type			corrective date
Compressor	# 1		
Comment:			
Corrective Action:		Date:	
Dehydrator	# 1		
Comment:			
Corrective Action:		Date:	

Type: Ancillary equipment	# 2		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 5		
Comment:	Unlabeled drums on ;legs, appear to be lube oil or glycol, all with adequate spill prevention		
Corrective Action:			Date:
Type: Prime Mover	# 2		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 2		
Comment:			
Corrective Action:			Date:
Type: Pump Jack	# 2		
Comment:			
Corrective Action:			Date:
Type: Flow Line	# 6		
Comment:			
Corrective Action:			Date:
Type: Bird Protectors	# 2		
Comment:			
Corrective Action:			Date:
Type: Bradenhead	# 2		
Comment:			
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
			STEEL AST		
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)	no contents label	
Other (Capacity)	no capacity label	
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
			PBV STEEL		
Comment:					
Corrective Action:					Date:
Paint					
Condition	Adequate				
Other (Content) no content label					
Other (Capacity) no capacity label					
Other (Type)					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Comment:					
Corrective Action:					Date:
Venting:					
Yes/No	NO				
Comment:					
Corrective Action:					Date:
Flaring:					
Type					
Comment:					
Corrective Action:					Date:

Location Construction

Location ID: 458386 CDP: _____

Comment:

Corrective Action:

Date: _____

Form 2A COAs:

Comment:

Corrective Action:

Date: _____

Wildlife BMPs:

Comment: Excavations on north end of location related to PA well are significantly deep and have near vertical walls, no wildlife escape mechanism and are protected partially with jersey barriers and inadequately installed vinyl fencing that appears loose and has open gaps (see slides 3-7 and 22-24). Although excavations appear to be related to PA well COAs apply to entire location

Corrective Action: Install/repair/improve BMPs in order to prevent wildlife entrapment or backfill excavation to eliminate hazards per Rule 602.c., 1202.a(4)a and others

Date: 05/20/2023

Comment:

Corrective Action:

Date:

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Inspected Facilities

Facility ID: 215024 Type: WELL API Number: 067-06629 Status: SI Insp. Status: PA

BradenHead

Date of Last Brhd Test: 06/13/2022 Annual Brhd Completed? Yes

Last Brhd Test Results Initial Surf Csg Pressure: 5 Fluid Type: _____
 End Surf Csg Pressure: 0

Comment:

Corrective Action:

Date: _____

Facility ID: 458385 Type: WELL API Number: 067-10027 Status: EP Insp. Status: PR

Producing Well

Comment:

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: _____ Annual Brhd Completed? _____

Last Brhd Test Results Initial Surf Csg Pressure: _____ Fluid Type: _____
 End Surf Csg Pressure: _____

Comment:

Corrective Action:

Date: _____

Facility ID: 458386 Type: WELL API Number: 067-10028 Status: EP Insp. Status: PR

Producing Well

Comment:

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: _____ Annual Brhd Completed? No

Last Brhd Test Results Initial Surf Csg Pressure: _____ Fluid Type: _____
 End Surf Csg Pressure: _____

Comment:

Corrective Action:

Date: _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: RANGELAND

Comment: _____

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING _____

Comment _____

Corrective Action _____

Date _____

1002b. SOIL REMOVAL AND SEGREGATION _____

Comment _____

Corrective Action _____

Date _____

1002c. PROTECTION OF SOILS _____

Comment _____

Corrective Action _____

Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment _____

Corrective Action _____

Date _____

1003a. Waste and Debris removed? _____

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? _____

Comment _____

Corrective Action _____

Date _____

Pit, cellars, rat holes and other bores closed? _____

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? _____

Comment _____

Corrective Action _____

Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____
 1003c. Compacted areas have been cross ripped? _____
 1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____
 Cuttings management: _____
 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____
 Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003e. INTERIM VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment _____

Corrective Action _____

Date _____

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: RANGELAND _____

Reminder: _____

Comment: [For Hott 20-02 1 well, well plugged but not cut and capped](#)

Well plugged In Pit mouse/rat holes, cellars backfilled **Fail**

Debris removed **Fail** No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

1004.d. FINAL VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

Comment: _____

Corrective Action: _____

Date _____

Overall Final Reclamation _____ Well Release on Active Location Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
700300564	INSPECTION PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6117845