

**FORM
INSP**Rev
05/11**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
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Inspection Date:

09/21/2011

Document Number:

664000013

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	API Number	Facility ID	Loc ID	Tracking Type
	039-06506	209601	322184	
Facility Name: RMPCO-EVERITT-UPRR-66S64W		Inspector Name: LEONARD, MIKE		

Operator Information:

OGCC Operator Number:	10170	Name of Operator:	CRIMSON EXPLORATION OPERATING INC
Address: 717 TEXAS AVENUE SUITE 2900			
City:	HOUSTON	State:	TX
Zip:	77002		

Contact Information:

Contact Name	Phone	Email	Comment
Williams, Roy	(713) 236-7400/ (361) 935-2602	rwilliams@crimsonxp.com	Production Superintendent
La Fevers, Jim	(713) 236-7456/ (713) 898-2637	jlafevers@crimsonxp.com	EHS & Regulatory Affairs Manager

Compliance Summary:QtrQtr: NESE Sec: 19 Twp: 6S Range: 64W**Inspector Comment:**

Address peeling labels

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num
209601	WELL	PR	08/09/1985	OW	039-06506

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Unsatisfactory	Label peeled off of water tank and peeling on one production tank. Need labels on treater	Repair labels	12/31/2011

Inspector Name: LEONARD, MIKE

BATTERY	Satisfactory			
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Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
PUMP JACK	Satisfactory	Barbed wire		
TANK BATTERY	Satisfactory	Barbed wire		
WELLHEAD	Satisfactory	Barbed wire		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Vertical Separator	1	Satisfactory			
Bird Protectors		Satisfactory			
Gas Meter Run	1	Satisfactory			
Vertical Heater Treater	1	Satisfactory			

Tanks/Berms:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	FIBERGLASS AST	,
S/U/V:		Comment:	open top netted	

Corrective Action: _____ Corrective Date: _____

Paint

Condition: _____

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Comment
Corrective Action					Corrective Date

Inspector Name: LEONARD, MIKE

Tanks/Berms:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	3	300 BBLS	STEEL AST	39.511200,-104.588810	
S/U/V:			Comment:	Open top water tank netted	
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Comment
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Venting:					
Yes/No		Comment			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 322184

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:**Wildlife BMPs:****Stormwater:****Comment:** _____**Staking:****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:****Well**

Facility ID: 209601

API Number: 039-06506

Status: PR

Insp. Status: SI

Well Drilling**Rig:** Rig Name: _____

Pusher/Rig Manager: _____

Permit Posted: _____

Access Sign: _____

Well Control Equipment:

Pipe Ram: _____

Blind Ram: _____

Hydril Type: _____

Pressure Test BOP: _____

Test Pressure PSI: _____

Safety Plan: _____

Drill Fluids**Management:**

Lined Pit: _____

Unlined Pit: _____

Closed Loop: _____

Semi-Closed Loop: _____

Multi-Well: _____

Disposal Location: _____

Well Stimulation

Stimulation Company: _____

Stimulation Type: _____

Other: _____

Observation:

Maximum Casing Recorded: _____ PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____

Frac Flow Back: _____

Fluid: _____

Gas: _____

Cement**Cement Contractor**

Contractor Name: _____

Contractor Phone: _____

Surface Casing

Cement Volume (sxs): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sxs): _____

Good Return During Job: _____

Cement Type: _____

Comment: _____

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg _____
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____

MPP _____

Inj Zone: _____

TC: Pressure or inches of Hg _____

Previous Test Pressure _____

Last MIT: _____

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____

AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: _____

Tbg psi: _____

Csg psi: _____

BH psi: _____

Insp. Status: _____

Comment: _____

Idle WellPurpose: ☐ Shut In ☐ Temporarily Abandoned

Reminder: _____

S/V: _____

CA Date: _____

CA: _____

Comment: _____

BradenHead

Comment: _____

CA: _____

CA Date: _____

Workover

Comment: _____

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS File: _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit**Interim Reclamation:**

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

Land Use: _____

Comment: In grass pasture

1003a. Debris removed? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____

CA _____ CA Date _____

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

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass CM _____

CA _____ CA Date _____

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

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? _____

Comment: _____

Final Reclamation/ Abandoned Location:

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

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ 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 _____

Comment: _____

Corrective Action: _____ Date _____

Storm Water:

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

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

Pits:

Inspector Name: LEONARD, MIKE

Pit Type: _____	Lined: _____	
<u>Lining:</u>		
Liner Type: _____	Liner Condition: _____	
Comment: _____		
<u>Fencing:</u>		
Fencing Type: _____	Fencing Condition: _____	
Comment: _____		
<u>Netting:</u>		
Netting Type: _____	Netting Condition: _____	
Comment: _____		
Anchor Trench Present: _____	Oil Accumulation: _____	2+ feet Freeboard: _____
Pit (S/U/V): _____	Comment: <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	
Corrective Action: <div style="border: 1px solid black; height: 1.2em; width: 80%;"></div>	Date: _____	

COGCC Comments

Comment	User	Date
Address peeling labels on tanks	leonardm	10/20/2011