

Inspector Name: LEONARD, MIKE

**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



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Inspection Date:

09/21/2011

Document Number:

664000019

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	API Number	Facility ID	Loc ID	Tracking Type
	039-06558	209653	322196	
Facility Name: RUNNING CREEK-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: NWNW Sec: 21 Twp: 6S Range: 64W

Inspector Comment:

ADDRESS LABELING AND PAD EROSION ISSUES

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num
209653	WELL	PR	06/09/2006	OW	039-06558

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Unsatisfactory	NO LABELS ON TREATER. LABEL ON WATER TANK READS "OIL" AND HAS NO CAPACITY	UPDATE SIGN ON WATER TANK. INSTAL LABELS ON TREATER	12/30/2011

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

Corrective Date: _____

Inspector Name: LEONARD, MIKE

Comment:

Corrective Action:

Spills:

Type	Area	Volume	Corrective action	CA Date
Produced Water	Tank	<= 5 bbls	REPAIR VALVE ON WATER TANK	10/31/2011

☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	STEEL PANELS		
PUMP JACK	Satisfactory	STEEL PANELS		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	1	Satisfactory			
Prime Mover		Satisfactory	GAS ENGINE		
Vertical Separator	1	Satisfactory			
Veritcal Heater Treater	1	Satisfactory			
Deadman # & Marked	4	Satisfactory			
Bird Protectors		Satisfactory			
Pump Jack		Satisfactory	STANDARD PJ		

Tanks/Berms:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	400 BBLS	STEEL AST	39.517150,-104.569290
S/U/V:		Comment:		

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:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	FIBERGLASS AST	,
S/U/V:	Unsatisfactory	Comment:	APPEARS TO BE <5 BBL RELEASE	

Corrective Action: REPAIR VALVE

Corrective Date: **09/30/2011**

Paint

Condition	Adequate
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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: 322196

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: 209653

API Number: 039-06558

Status: PR

Insp. Status: PR

Environmental**Spills/Releases:**

Type of Spill: WATER Description: VALVE LEAK Estimated Spill Volume: _____

Comment: _____

Corrective Action: REPAIR VALVE Date: 09/30/2011

Reportable: NO 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 PASTURE GRASS

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 _____

1003b. Area no longer in use? Pass Production areas stabilized ? Fail

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? PassProduction areas have been stabilized? Fail Segregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**Cropland

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

Non-CroplandTop soil replaced Pass Recontoured _____ 80% Revegetation Pass

1003 f. Weeds Noxious weeds? _____

Comment: EROSION OFF PAD AT WELLHEAD NEEDS TO BE REPAIRED

Final Reclamation/ Abandoned Location:

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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	Fail	Compaction	Pass	MHSP	Pass	EROSION FROM WELLHEAD OFF PAD

S/U/V: Unsatisfactory Corrective Date: 12/30/2011

Comment: _____

CA: _____

COGCC Comments

Comment	User	Date
ADDRESS LABELING AND PAD EROSION ISSUES	leonardm	10/24/2011