

<b>FORM INSP</b> Rev 05/11	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		DE ET OE ES
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**FIELD INSPECTION FORM**

Location Identifier	API Number 039-06558	Facility ID 209653	Loc ID 322196	Tracking Type
Facility Name: RUNNING CREEK-66S64W		Inspector Name: LEONARD, MIKE		

Inspection Date: <p style="text-align: center;"><u>09/21/2011</u></p> Document Number: <p style="text-align: center;"><u>664000019</u></p> Overall Inspection: <div style="border: 1px solid red; padding: 2px; text-align: center; color: red;">                     Unsatisfactory                 </div>
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**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 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
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: \_\_\_\_\_

Comment: \_\_\_\_\_  
 Corrective Action: \_\_\_\_\_

<b>Spills:</b>				
Type	Area	Volume	Corrective action	CA Date
Produced Water	Tank	<= 5 bbls	REPAIR VALVE ON WATER TANK	10/31/2011
<input type="checkbox"/> Multiple Spills and Releases?				

<b>Fencing/:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	STEEL PANELS		
PUMP JACK	Satisfactory	STEEL PANELS		

<b>Equipment:</b>					
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	_____

<b>Tanks/Berms:</b>		<input type="checkbox"/> 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
<b>Paint</b>					
Condition	Adequate				
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Comment
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
<b>Venting:</b>					
Yes/No	Comment				
<b>Flaring:</b>					
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? Pass

Production areas have been stabilized? Fail Segregated soils have been replaced? Pass

**RESTORATION AND REVEGETATION**

Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top 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:**

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 \_\_\_\_\_

<b>Storm Water:</b>						
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: <u>Unsatisfactory</u>		Corrective Date: <u>12/30/2011</u>				
Comment: _____						
CA: _____						

<b>COGCC Comments</b>		
Comment	User	Date
ADDRESS LABELING AND PAD EROSION ISSUES	leonardm	10/24/2011