

**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:

664000020

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	API Number	Facility ID	Loc ID	Tracking Type
	039-06553	209648	322194	
Facility Name: NORDMAN TRUST-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: NENE Sec: 20 Twp: 6S Range: 64W**Inspector Comment:**

ADDRESS EROSION AND LABELING ISSUES

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num
209648	WELL	PR	06/18/2007	OW	039-06553

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**Lease Road:**

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
ADEQ	Unsatisfactory	EROSION EXISTS IN TIRE TRACKS	ELIMINATE EROSION ISSUES	<u>12/30/2011</u>

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			

Inspector Name: LEONARD, MIKE

TANK LABELS/PLACARDS	Unsatisfactory	NO LABELS ON TREATER	INSTALL LABELS AS REQUIRED	12/30/2011
WELLHEAD	Satisfactory			

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
WELLHEAD	Satisfactory	BARBED WIRE		
PUMP JACK	Satisfactory	BARBED WIRE		
TANK BATTERY	Satisfactory	BARBED WIRE		

Equipment:

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

Tanks/Berms:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	FIBERGLASS AST	,
S/U/V:	Satisfactory	Comment:		

Corrective Action: _____ Corrective Date: _____

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	

Inspector Name: LEONARD, MIKE

Tanks/Berms:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	300 BBLS	STEEL AST	39.513730,-104.574570
S/U/V:	Comment:			

Corrective Action:		Corrective Date:	
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Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Comment

Corrective Action		Corrective Date	
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Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 322194

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: 209648

API Number: 039-06553

Status: PR

Insp. Status: PR

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 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? _____

RESTORATION AND REVEGETATIONCropland

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

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

1003 f. Weeds Noxious weeds? _____

Comment: NEED TO ADDRESS MINOR EROSION OFF OF PAD AT WELLHEAD AND IN TRACKS OF LEASE ROAD

Final Reclamation/ Abandoned Location:

Inspector Name: LEONARD, MIKE

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	Check Dams	Pass	MHSP	Pass	
		Compaction	Fail			EROSION IN TRACKS

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

Comment: EROSION OFF OF PAD AT WELLHEAD AND TIRE TRACKS ON LEASE ROAD

CA: REPAIR AND PREVENT EROSIONAL ISSUES ON PAD SLOPE AND LEASE ROAD

COGCC Comments

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