

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:
10/25/2011

Document Number:
659400004

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	API Number	Facility ID	Loc ID	Tracking Type
	005-06450	204365	320668	
Facility Name: STATE 35-13			Inspector Name: DURAN, JOHN	

Operator Information:

OGCC Operator Number:	<u>28780</u>	Name of Operator:	<u>FAHEY OIL & GAS</u>
Address:	<u>P O BOX 612</u>		
City:	<u>STRASBURG</u>	State:	<u>CO</u>
		Zip:	<u>80136</u>

Contact Information:

Contact Name	Phone	Email	Comment
Fahey Oil & Gas	303-622-9495	?	Fahey O & G or Gil Hot Oil ?

Compliance Summary:

QtrQtr:	<u>SWSW</u>	Sec:	<u>35</u>	Twp:	<u>5S</u>	Range:	<u>65W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/05/1995	500134403						
03/28/1994	500134400		PR				
02/01/2006	200088300	PR	WO	U		P	N
08/30/1995	500134404	PR	SI			P	N
12/28/1995	500134406	PR	PR			P	N
11/08/1995	500134405						
04/13/1995	500134402	PR	PR				Y

Inspector Comment:

Update sign with emergency phone #'s. Get NFPA labels on tanks. Tanks need to show produced water, crude oil, and capacity(300 bbls).

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num
204365	WELL	PR	01/12/2006	OW	005-06450

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

Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
ADEQ	Satisfactory			

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Unsatisfactory	Wrong Operator ?	Update lease sign with operator and emergency Phone number.	12/25/2011

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 12/25/2011

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Veritcal Heater Treater	1	Satisfactory			
Pump Jack	1	Satisfactory			

Tanks/Berms: <input type="checkbox"/> New Tank Tank ID: _____					
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	1	300 BBLS	STEEL AST		
S/U/V: Unsatisfactory	Comment: No NFPA Label and No information on contents or capacity.				
Corrective Action:	Needs Crude Oil, 300 bbls, and NFPA label on tank.			Corrective Date:	12/25/2011

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 Sufficent	Base Sufficent	Adequate	
Corrective Action				Corrective Date	

Tanks/Berms:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	300 BBLS	STEEL AST		
S/U/V:	Unsatisfactory	Comment:	No Contents, no capacity and no NFPA label on tank.		
Corrective Action:	Need Produced Water, 300 bbls, and NFPA label on tank.			Corrective Date:	12/25/2011
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				
NO					
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 320668

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: 204365 API Number: 005-06450 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: _____

1003a. Debris removed? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____

CA _____ CA Date _____

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

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA 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 _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Final Reclamation/ Abandoned Location:

Inspector Name: DURAN, JOHN

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