

**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:

11/09/2011

Document Number:

664000112

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	API Number	Facility ID	Loc ID	Tracking Type
	<u>121-05261</u>	<u>233234</u>	<u>316923</u>	
Facility Name: <u>STATE 1</u>		Inspector Name: <u>LEONARD, MIKE</u>		

Operator Information:

OGCC Operator Number: 94300 Name of Operator: WARD & SON* ALFRED

Address: P O BOX 737

City: OGALLALLA State: NE Zip: 69153

Contact Information:

Contact Name	Phone	Email	Comment
Ward, Randy	(308) 284-8350	rlwardne@charter.net	

Compliance Summary:

QtrQtr: <u>SESE</u>	Sec: <u>36</u>	Twp: <u>3S</u>	Range: <u>54W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/16/2003	200047556	PR	PR	U		F	Y
07/16/2003	200042225	PR	PR	U		F	Y
09/20/2007	200119178	PR	PR	U			Y
08/29/2001	200027169	ES	PR	U			Y
09/11/2001	200027171	ES	PR	U			Y
12/05/1995	500158171	PR	PR			P	
09/22/1995	500158170	PR	PR			P	N
09/18/2001	200027178	ES	PR	S			N
09/01/1994	500158169		PR				Y
10/18/2007	200121183	PR	PR	S			N
03/09/2004	200051422	PR	PR	S		P	N
11/14/2001	200027182	ES	PR	S			N
08/15/2001	200019284	ES	PR	U		F	Y

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num
233234	WELL	PR	12/02/2005	OW	121-05261

Equipment:Location Inventory

Inspector Name: LEONARD, MIKE

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	Unsatisfactory		INSTALL EMERGENCY CONTACT NUMBER	12/30/2011
TANK LABELS/PLACARDS	Unsatisfactory	NO CONTENTS OR CAPACITIES ON TANK, TREATER OR FWKO	INSTALL CONTENTS AND CAPACITIES ON ALL VESSELS	12/30/2011
WELLHEAD	Unsatisfactory		INSTALL EMERGENCY CONTACT NUMBER	12/30/2011

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

Corrective Date: 12/30/2011

Comment: NO EMERGENCY CONTACT NUMBER AT WELLHEAD

Corrective Action: INSTALL EMERGENCY PHONE NUMBER AT WELLHEAD

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	BARBED WIRE		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
FWKO	1		NEEDS CONTENTS, CAPACITY AND 704 LABEL		
Ancillary equipment		Satisfactory	CEMENT PAD FOR PUMPJACK IN PLACE AT WELLHEAD		
Ancillary equipment		Satisfactory	ELECTRICAL PANEL FOR SUBMERSIBLE PUMP		
Deadman # & Marked	4	Satisfactory			
Submersible Pump		Satisfactory			
Veritcal Heater Treater	1		NEEDS CONTENTS, CAPACITY AND 704 LABEL		

Inspector Name: LEONARD, MIKE

Tanks/Berms: ☐ New Tank Tank ID: _____

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

Corrective Action:		Corrective Date:	
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Paint

Condition	Adequate
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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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Tanks/Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
OTHER	1	OTHER	Open Top	,
S/U/V:	Comment:			

Corrective Action:		Corrective Date:	
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Paint

Condition	
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Other (Content) SKIM VESSEL

Other (Capacity) UNKNOWN

Other (Type) _____

Berms

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

Corrective Action		Corrective Date	
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Inspector Name: LEONARD, MIKE

Tanks/Berms:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	2	300 BBLS	STEEL AST		
S/U/V:			Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition					
Other (Content)					
Other (Capacity)					
Other (Type)					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Comment
Corrective Action				Corrective Date	
Tanks/Berms:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	2	300 BBLS	STEEL AST	39.742420,-103.368490	
S/U/V:			Comment:	ALL TANKS SAME LOCATION	
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content)					
Other (Capacity)					
Other (Type)					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Comment
Earth	Adequate				
Corrective Action				Corrective Date	
Venting:					
Yes/No		Comment			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 316923

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: 233234

API Number: 121-05261

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 REVEGETATIONCropland

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: 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	Pass	Compaction	Pass	MHSP	Fail	

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

Comment: _____

CA: INSTALL CONTAIMENT UNDER CHEMICAL TANK AT WELLHEAD

Pits:

Pit Type: Evaporation Lined: NO

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: None Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: _____

Pit (S/U/V): Satisfactory Comment: _____

Corrective Action: _____ Date: _____

Pits:

Inspector Name: LEONARD, MIKE

Pit Type: <u>Evaporation</u>	Lined: <u>NO</u>	
<u>Lining:</u>		
Liner Type: _____	Liner Condition: _____	
Comment: _____		
<u>Fencing:</u>		
Fencing Type: <u>None</u>	Fencing Condition: _____	
Comment: _____		
<u>Netting:</u>		
Netting Type: _____	Netting Condition: _____	
Comment: _____		
Anchor Trench Present: _____	Oil Accumulation: <u>NO</u>	2+ feet Freeboard: _____
Pit (S/U/V): <u>Satisfactory</u>	Comment: _____	
Corrective Action: _____		Date: _____

Pits:

Pit Type: <u>Skimming/Settling</u>	Lined: _____	
<u>Lining:</u>		
Liner Type: _____	Liner Condition: _____	
Comment: <u>UNABLE TO DETERMIE LINER. 1 SKIM CULVERT AN TWO PITS SIDE BY SIDE</u>		
<u>Fencing:</u>		
Fencing Type: _____	Fencing Condition: _____	
Comment: _____		
<u>Netting:</u>		
Netting Type: <u>Metal Grid</u>	Netting Condition: <u>Good</u>	
Comment: _____		
Anchor Trench Present: _____	Oil Accumulation: <u>NO</u>	2+ feet Freeboard: _____
Pit (S/U/V): <u>Satisfactory</u>	Comment: _____	
Corrective Action: _____		Date: _____

Pits:

Pit Type: <u>Evaporation</u>	Lined: <u>NO</u>	
<u>Lining:</u>		
Liner Type: _____	Liner Condition: _____	
Comment: _____		
<u>Fencing:</u>		
Fencing Type: <u>None</u>	Fencing Condition: _____	
Comment: _____		
<u>Netting:</u>		
Netting Type: _____	Netting Condition: _____	
Comment: _____		
Anchor Trench Present: _____	Oil Accumulation: <u>NO</u>	2+ feet Freeboard: _____
Pit (S/U/V): <u>Satisfactory</u>	Comment: _____	
Corrective Action: _____		Date: _____

Monitoring:

Inspector Name: LEONARD, MIKE

Monitoring Type	Comment
	NO MONITORING DEVICE
	NO MONITOR
	NO MONITOR
	NO MONITOR

COGCC Comments

Comment	User	Date
SIGNS, LABELS AND CHEMICAL CONTAINMENT NEED ADDRESSED	leonardm	11/09/2011