

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		DE ET OE ES
FIELD INSPECTION FORM			Inspection Date: <u>11/09/2011</u> Document Number: <u>664000112</u> Overall Inspection: <div style="border: 1px solid red; padding: 2px; display: inline-block;"> Unsatisfactory </div>
Location Identifier: <u>121-05261</u> Facility Name: <u>STATE 1</u>	API Number: <u>121-05261</u> Facility ID: <u>233234</u>	Loc ID: <u>316923</u> Tracking Type: _____	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: SESE Sec: 36 Twp: 3S Range: 54W

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

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		

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: _____

Paint

Condition Adequate

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

Corrective Action _____ Corrective Date _____

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
OTHER	1	OTHER	Open Top	,

S/U/V: _____ Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition _____

Other (Content) SKIM VESSEL _____

Other (Capacity) UNKNOWN _____

Other (Type) _____

Berms

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

Corrective Action _____ Corrective Date _____

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 BBLS	STEEL AST	,
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 _____

Tanks/Berms: 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: _____

Paint

Condition

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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 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:

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:

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:

Pit Type: Skimming/Settling Lined: _____

Lining:
Liner Type: _____ Liner Condition: _____
Comment: UNABLE TO DETERMIE LINER. 1 SKIM CULVERT AN TWO PITS SIDE BY SIDE

Fencing:
Fencing Type: _____ Fencing Condition: _____
Comment: _____

Netting:
Netting Type: Metal Grid Netting Condition: Good
Comment: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: _____
Pit (S/U/V): Satisfactory Comment: _____
Corrective Action: _____ Date: _____

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: _____

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