

**FORM
INSP**Rev
05/11**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
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Inspection Date:

07/13/2012

Document Number:

663400599

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>233384</u>	<u>316947</u>		<u>EDELEN, RANDY</u>

Operator Information:

OGCC Operator Number: 20275 Name of Operator: CORAL PRODUCTION CORP

Address: 1600 STOUT ST STE 1500

City: DENVER State: CO Zip: 80202

Contact Information:

Contact Name	Phone	Email	Comment
Weber, James R	(303) 623-3573	marjoriwallace@comcast.net	

Compliance Summary:

QtrQtr:	<u>SENE</u>	Sec:	<u>28</u>	Twp:	<u>3S</u>	Range:	<u>50W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/18/2011	200319120	ES	AC	U			N
04/29/2011	200308968	ES	AC	U			Y
04/28/2011	200308999	RT	AC	U			N
06/28/2010	200258599	RT	AC	U			N
07/10/2009	200214604	MI	AC	S			N
04/16/2008	200130364	RT	AC	S			N
03/15/2007	200107910	RT	AC	S		P	N
05/04/2006	200090022	RT	AC	S		P	N
07/29/2005	200075136	RT	IO	S		P	N
06/24/2004	200056265	MI	AC	S		P	N
04/13/2004	200052895	ES	AC	S		F	N
04/24/2003	200038293	RT	AC	S		P	N
05/15/2002	200027927	RT	AC	S		P	N
05/04/2001	200017022	RT	SI	U	I	P	Y
04/27/2001	200022814	RT	AC	S		P	N
04/27/2001	200017066	RT	AC	S	F	F	N
10/02/2000	200010437	ES	AC	U		F	Y
10/02/2000	200011401	ES	AC	S		P	N
01/04/1995	500158279	RT	AC			P	N

Inspector Comment:

Routine UIC

Related Facilities:

Inspector Name: EDELEN, RANDY

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
233384	WELL	IJ	08/02/2007		121-05420	SCHWARTZ, DOROTHY 1	<input checked="" type="checkbox"/>

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
Access	Unsatisfactory	Road in disrepair	Repair and maintain road	08/31/2012

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Unsatisfactory	Sign incomplete	Install sign to comply with rule 210.b.	08/31/2012
TANK LABELS/PLACARDS	Unsatisfactory	No labels or placards	Install sign to comply with rule 210.b.	08/31/2012

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

Corrective Date: 08/31/2012

Comment: No answer

Corrective Action: Implement a proper functioning emergency number

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
DEBRIS	Unsatisfactory	Debris on location	Remove all debris	08/31/2012

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	Unsatisfactory	Fence in disrepair	Repair and maintain fence	08/31/2012

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Flow Line	1	Satisfactory			
Deadman # & Marked	4	Unsatisfactory	Not marked	Properly mark all deadmen	08/31/2012

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	1	300 BBLS	STEEL AST	39.766350,-102.974440	
S/U/V:	Unsatisfactory		Comment: Tank appears unused		
Corrective Action: Remove all unused equipmentPaint tank				Corrective Date: 08/31/2012	
Paint					
Condition	Inadequate				
Other (Content)	Not labeled				
Other (Capacity)	Not labeled				
Other (Type)					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Inadequate	Walls Sufficient	Base Sufficient	Inadequate	
Corrective Action	Repair and maintain berm			Corrective Date 08/31/2012	
Comment					
Venting:					
Yes/No	Comment				
NO					
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 316947

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:****CA:****Date:****Wildlife BMPs:****Comment:****CA:****Date:****Stormwater:**

Erosion BMPs

Present

Other BMPs

Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

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:****Facility**

Facility ID: 233384 Type: WELL API Number: 121-05420 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 psig Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: JSND

TC: Pressure or inches of Hg 0 psig Previous Test Pressure _____ Last MIT: 07/10/2009

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: No provision for measuring bradenhead pressure

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Complaint:

Tracking Num	Category	Assigned To	Description	Incident Date
200022397	SITE MAINTENA NCE	FERGUSON, RANDALL	VERY UPSET ABOUT CONDITION OF LAND DUE TO OIL COMPANIES THAT USED AND ABUSED IT. HAS THREE ITEMS ON COMPLAINT: 1) OLD HOLDING TANKS ON LAND; 2) OLD METAL BLDG. ON NORTH SIDE NEAR PAVED ROAD; AND 3) VERY LARGE BODY OF WATER ON SOUTH SIDE NEAR PAVED ROAD THAT HAS A BERM AROUND IT. SEE COMPLAINT LETTER IN FILE.	

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? Fail CM _____
 CA Remove debris CA Date 08/31/2012
 Waste Material Onsite? Pass CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? Fail CM _____
 CA Remove tank CA Date 08/31/2012
 Pit, cellars, rat holes and other bores closed? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors removed? In CM _____
 CA _____ CA Date _____
 Guy line anchors marked? Fail CM _____
 CA Properly mark CA Date 08/31/2012

1003b. Area no longer in use? Pass Production areas stabilized ? Pass
 1003c. Compacted areas have been cross ripped? Pass
 1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass
 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? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATIONCropland

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

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

Comment: _____

Overall Interim Reclamation Pass

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: _____

Inspector Name: EDELEN, RANDY

Corrective Action: _____ Date _____

Overall Final Reclamation

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____