

**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



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Inspection Date:

07/17/2012

Document Number:

663901360

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>294990</u>	<u>309617</u>		<u>QUINT, CRAIG</u>

Operator Information:OGCC Operator Number: 10399 Name of Operator: NIGHTHAWK PRODUCTION LLCAddress: 1805 SHEA CENTER DR #290City: HIGHLANDS State: CO Zip: 80129**Contact Information:**

Contact Name	Phone	Email	Comment
Mayland, Harold	303-407-9604	haroldmayland@nighthawken ergy.com	operations manager
Wilson, Chuck	720-344-5155	chuckwilson@nighthawken y.com	CEO

Compliance Summary:QtrQtr: SWSE Sec: 32 Twp: 13S Range: 55W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/26/2012	664000315	PR	PR	U	F		N
10/04/2010	200275645	PR	PR	S			N
02/22/2010	200232130	PR	SI	U			Y
12/03/2009	200223533	PR	PR	U			N
09/30/2009	200220195	DG	DG	S			N
09/17/2009	200218467	DG	DG	S			N
05/28/2009	200211634	PR	SI	U			Y
12/22/2008	200201280	PR	PR	U			Y
10/15/2008	200197606	PR	WO	U			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
294990	WELL	SI	06/12/2012	OW	073-06318	CRAIG 15-32	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: QUINT, CRAIG

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
Access	Satisfactory	PARTIALLY ELEVATED SANDY ROAD THROUGH PASTURE.		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
CONTAINERS	Satisfactory	LABELING ON PROPANE TANK & CHEMICAL TANK.		
TANK LABELS/PLACARDS	Unsatisfactory	STICKERS ON OIL TANKS PEELING OFF, NO VISIBLE LABELING ON WATER TANKS.	Install sign to comply with rule 210.d.	10/17/2012
BATTERY	Satisfactory	LEASE SIGNS FOR CRAIG 15-32, 16-32 MOUNTED ON METAL BERM		
WELLHEAD	Satisfactory	LEASE SIGN MOUNTED ON GATE		

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	STEEL PANELS AROUND WELLHEAD AND UNIT.		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	5	Satisfactory	PROPANE TANK, DAY TANK, GAS SCRUBBER, CHEMICAL TANK W/CONTAINMENT, GAS ENGINE CIRC PUMP.		
Pump Jack	1	Satisfactory	320 SENTRY		
Veritcal Heater Treater	1	Satisfactory			
Deadman # & Marked	4	Satisfactory			
Prime Mover	1	Satisfactory	E-565 AJAX GAS ENGINE.		

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
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Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	400 BBLS	STEEL AST	38.866760,-103.577580

S/U/V:	Satisfactory	Comment:	
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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
Metal	Adequate	Walls Insufficient	Base Sufficient	Inadequate

Corrective Action	REPAIR METAL BERMS TO PREVENT FLUID FROM ESCAPING UNDER PANELS.	Corrective Date	09/17/2012
Comment	METAL BERM HAS GAPS AT BASE OF PANELS.		

Inspector Name: QUINT, CRAIG

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	2	200 BBLS	HEATED STEEL AST	38.866760,-103.577580	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Insufficient	Base Sufficient	Inadequate	
Corrective Action	REPAIR METAL BERMS TO PREVENT FLUID FROM ESCAPING UNDER PANELS.			Corrective Date	09/17/2012
Comment	METAL BERM HAS GAPS AT BASE OF PANELS.				
Venting:					
Yes/No	Comment				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 309617

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: 294990 Type: WELL API Number: 073-06318 Status: SI Insp. Status: PR

Producing Well

Comment: CENTRAL BATTERY FOR CRAIG 15-32, 16-32.

Environmental**Spills/Releases:**

Inspector Name: QUINT, CRAIG

Type of Spill: _____	Description: _____	Estimated Spill Volume: _____
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
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: _____

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?	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? Fail Production areas stabilized ? Fail

1003c. Compacted areas have been cross ripped? _____

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? Fail

Production areas have been stabilized? Fail Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Inspector Name: QUINT, CRAIG

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass

Recontoured Pass

80% Revegetation Fail

1003 f. Weeds Noxious weeds? P

Comment: PIT AREA HAS NOT REVEGETATED. SMALL AMOUNT OF GRASS GROWTH EVIDENT. EROSION FROM PAD IS EFFECTING PIT AREA.

Overall Interim Reclamation Fail

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 _____

Overall Final Reclamation

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Fail	Ditches	Pass	MHSP	Pass	

S/U/V: Unsatisfactory Corrective Date: 10/17/2012

Comment: SOME EROSION OFF OF WELL PAD.

CA: INSTALL BMP'S TO PREVENT EROSION FROM PAD. RESEED LOCATION AS NEEDED.