

**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
----	----	----	----

Inspection Date:

07/09/2012

Document Number:

661700449

Overall Inspection:

**Unsatisfactory****FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	214096	333388		LABOWSKIE, STEVE

**Operator Information:**OGCC Operator Number: 56680 Name of Operator: MERRION OIL & GAS CORPAddress: 610 REILLY AVENUECity: FARMINGTON State: NM Zip: 87401**Contact Information:**

Contact Name	Phone	Email	Comment
thompson, philana	(505) 324-5300	pthompson@merrion.bz	

**Compliance Summary:**

QtrQtr: <u>NWSE</u>	Sec: <u>15</u>	Twp: <u>33N</u>	Range: <u>7W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/25/2010	200238819	ES	SI	U			N
04/26/2007	200120422	PR	PR	S			N
12/22/2005	200085760	PR	PR	S		P	N
08/12/2004	200062876	PR	PR	S		P	N
12/05/2002	200034453	PR	PR	S		P	N
06/18/2001	200018943	PR	PR	S		P	N
05/04/2000	200006881	BH	PR	S		P	N
03/17/1998	500146727	BH	PR			P	N
05/15/1997	500146726	BH	PR			P	N
05/22/1996	500146725	BH	PR			P	N
04/19/1996	500146724	BH	SI			F	Y
12/21/1995	500146723	PR	PR			P	N

**Inspector Comment:**

3/25/2010 inspection cited many of the same unsatisfactory items such as unused equipment and lack of bird protection devices. Inspector will re-inspect after 30 day corrective action date.

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
214096	WELL	PR	12/14/1961	GW	067-05403	B E BEHRMANN 1	X
215817	WELL	PR	01/07/2009	GW	067-07422	BEHRMANN 33-7-15 1	
277391	WELL	SI	12/28/2011	GW	067-09038	BEHRMANN 33-7-15 #1R	

**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
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Unsatisfactory		Install labels and placard to comply with rule 210.d.	08/24/2012

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

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

**Good Housekeeping:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	Unsatisfactory		remove unused/unneeded equipment	08/24/2012
WEEDS	Unsatisfactory		control weeds on pad and in interim reclamation area	08/24/2012

**Spills:**

Type	Area	Volume	Corrective action	CA Date
------	------	--------	-------------------	---------

☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

**Equipment:**

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	1	Satisfactory	stinger/above ground bled valve		
Gas Meter Run	1	Unsatisfactory	one meter run is not being used	remove all unused, unneeded equipment or demonstrate a need for it to be on location.	08/24/2012
Flow Line	2	Satisfactory			
Horizontal Separator	1	Unsatisfactory	unused, no bird protector	remove if no longer in use, all separators are required to have bird protectors	08/24/2012
Bird Protectors	1	Unsatisfactory	should be 2, only 1 present	install bird protector	08/24/2012
Gas Meter Run	1	Satisfactory			
Horizontal Heated Separator	1	Satisfactory			

<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	OTHER	Open Top		
S/U/V:	Unsatisfactory		Comment: _____		
Corrective Action: label tank with contents, capacity and NFPA placard				Corrective Date:	08/24/2012
<b>Paint</b>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
<b>Venting:</b>					
Yes/No	Comment				
<b>Flaring:</b>					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

**Predrill**

Location ID: 333388

**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: 214096 Type: WELL API Number: 067-05403 Status: PR Insp. Status: PR

**Producing Well**

Comment: \_\_\_\_\_

**Environmental****Spills/Releases:**

Inspector Name: LABOWSKIE, STEVE

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: _____	

<b>Water Well:</b>		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: 

good reveg except for weeds

1003a.	Debris removed?	Pass	CM	_____	CA	_____	CA Date	_____
	Waste Material Onsite?	Pass	CM	_____	CA	_____	CA Date	_____
	Unused or unneeded equipment onsite?	In	CM	_____	CA	_____	CA Date	_____
	Pit, cellars, rat holes and other bores closed?	Pass	CM	_____	CA	_____	CA Date	_____
	Guy line anchors removed?	Pass	CM	_____	CA	_____	CA Date	_____
	Guy line anchors marked?		CM	_____	CA	_____	CA Date	_____

1003b. Area no longer in use? In \_\_\_\_\_ 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 REVEGETATION

Cropland

Inspector Name: LABOWSKIE, STEVE

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: with some weed management interim reclamation would pass

Overall Interim Reclamation In Process

**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

S/U/V: Satisfactory Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

**COGCC Comments**

Comment	User	Date
second consecutive unsatisfactory inspection for same issues. 3 unsatisfactory inspections equals an automatic NOAV. Inspector will re-inspect soon after 30 day corrective action period.	labowsks	07/24/2012