

Inspector Name: BROWNING, CHUCK

**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:

07/20/2012

Document Number:

668400593

Overall Inspection:

Violation**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>272331</u>	<u>316397</u>		<u>BROWNING, CHUCK</u>

Operator Information:OGCC Operator Number: 51090 Name of Operator: LONE MOUNTAIN PRODUCTION COAddress: P O BOX 80965City: BILLINGS State: MT Zip: 59108-**Contact Information:**

Contact Name	Phone	Email	Comment
Dyk, Joe	970-250-9770	joedyk@aol.com	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Compliance Summary:QtrQtr: NWSW Sec: 11 Twp: 1S Range: 104W**Inspector Comment:**

No emergency contact information. Improper signs on tanks, no sign at wellhead. Insufficient berms at 300 bbl tank, no berms at 100 bbl tank. No secondary containment for methanol tank at pipeline.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
272331	WELL	PR	08/31/2004	GW	103-10439	MEAGHER 11-12	<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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Violation		Install sign to comply with rule 210.d.	11/05/2012
WELLHEAD	Violation		Install sign to comply with rule 210.b.(1).	11/05/2012
BATTERY	Violation		Install signs to comply with rule 210.b.(2).	11/05/2012

Emergency Contact Number: (S/U/V) Violation _____ Corrective Date: 10/31/2012Comment: No emergency contact informationCorrective Action: Install signs to comply with rule 210.b.(2).

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
DEBRIS	Unsatisfactory	Scrap timber and used plastic 5 gal buckets.	Clear weeds and debris. 603.j.	11/05/2012

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?
Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	1	Satisfactory			
Dehydrator	1	Satisfactory			

Facilities:
☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST	39.974120,-109.043250
S/U/V:	Unsatisfactory	Comment:		
Corrective Action:	Install sign to comply with rule 210.d.			Corrective Date: 11/05/2012

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Insufficient	Base Insufficient	Inadequate
Corrective Action	Berms insufficient. Comply with rule 604.a.(4)			Corrective Date 11/01/2012
Comment				

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Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	1	100 BBLS	STEEL AST	39.973360,-109.043900	
S/U/V:	Unsatisfactory		Comment: Williams Co. sticker on tank		
Corrective Action: Install sign to comply with rule 210.d.				Corrective Date: 11/01/2012	
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Inadequate	Walls Insufficient	Base Insufficient	Inadequate	
Corrective Action	Comply with rule 604.a.(4)			Corrective Date 11/05/2012	
Comment	No berms around tank				
Venting:					
Yes/No	Comment				
NO					
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 316397

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: 272331 Type: WELL API Number: 103-10439 Status: PR Insp. Status: PR

Producing Well

Comment:

Environmental**Spills/Releases:**

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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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
1003a.	Debris removed? <u> In </u> CM _____
	CA _____ CA Date _____
	Waste Material Onsite? <u> In </u> CM _____
	CA _____ CA Date _____
	Unused or unneeded equipment onsite? <u> In </u> CM _____
	CA _____ CA Date _____
	Pit, cellars, rat holes and other bores closed? <u> Pass </u> CM _____
	CA _____ CA Date _____
	Guy line anchors removed? <u> Pass </u> CM _____
	CA _____ CA Date _____
	Guy line anchors marked? _____ CM _____
	CA _____ CA Date _____
1003b.	Area no longer in use? <u> In </u> Production areas stabilized ? <u> Pass </u>
1003c.	Compacted areas have been cross ripped? _____
1003d.	Drilling pit closed? <u> Pass </u> Subsidence over on drill pit? <u> Pass </u>
	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? <u> Pass </u> Segregated soils have been replaced? _____
RESTORATION AND REVEGETATION	
<u>Cropland</u>	

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Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ I _____

Comment: _____

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 _____ Multi-Well Location ☐

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: _____