

FORM
INSPRev
05/11State 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:

07/30/2012

Document Number:

663901449

Overall Inspection:

Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: QUINT, CRAIG
	287973	324906		

Operator Information:

OGCC Operator Number: 83130 Name of Operator: STRACHAN EXPLORATION, INC

Address: 383 INVERNESS PKWY, STE 360

City: ENGLEWOOD State: CO Zip: 80112

Contact Information:

Contact Name	Phone	Email	Comment
LEONARD, MIKE		mike.leonard@state.co.us	
Strachan, Stephen	(303) 785-7006	sms@strachanexploration.com	

Compliance Summary:

QtrQtr: SWNE Sec: 10 Twp: 20S Range: 51W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
287973	WELL	AL	04/18/2012	LO	061-06802	BRIXEY 10-1	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: 1	Wells: 1	Production Pits: _____
Condensate Tanks: 1	Water Tanks: 1	Separators: 1	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: 1	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

Venting:		
Yes/No	Comment	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 324906

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:**

CA:

Date:

Wildlife BMPs:

BMP Type	Comment
PROPOSED BMPs	<p>PROPOSED BEST MANAGEMENT PRACTICES</p> <p>BRIXEY # 10 -1</p> <p>SW -NE Sec.10- T20S -R51W</p> <p>KIOWA COUNTY, COLORADO</p> <p>This proposed well is located in a relatively flat area. It is anticipated that the well will be completed as a gas well with condensate and water production in the range of one barrel per day. There are no streams or ponds within 1000' of the location and it is unlikely that a spill would spread past the location boundary.</p> <p>A. During the drilling phase all drilling mud chemicals will be covered with plastic wrap or tarps to prevent rain or wind damage. Chemicals stored on location during production will be contained in drums, and will have berms constructed to contain potential spills. The storage tank will be bermed to prevent runoff in the event of a spill.</p> <p>B. The well is located in a relatively flat area and there are no streams or lakes within 1000' of the location.. During drilling operations there will be 24 hour/ day supervision that will notice and contain any spills. During production a pumper will inspect the location daily and perform routine maintenance to prevent spills.</p> <p>C. Should excessive erosion on the location or along the access road occur, drainage patterns will be adjusted to minimize the disturbance.</p> <p>D. As stated before, 24 hour /day observation for potential spills will be performed during drilling operations, and daily observations will be performed during production. Visual inspections of all well head, tank and separator valves and connections will be made, and maintenance will be performed as needed.</p> <p>E. Rags and shovels will be used to clean up and properly dispose of any contaminated soils as a result of minor spills. In the case of a major spill, the cause of the spill will be fixed immediately if safe. Company representatives will have phone numbers of local fire departments, emergency response teams, and heavy equipment operators to alert in an emergency. The COGCC will be notified in the case of a major spill. The employment of local personnel with knowledge of services in the immediate area will expedite response time in the case of any emergency.</p> <p>F. The well will be located on a dead end road in a field on private property. Only the equipment required to produce the well will be left on location after the well is completed. Only a minimum amount of traffic is anticipated.</p>
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: 287973 Type: WELL API Number: 061-06802 Status: AL Insp. Status: AL

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 : _____ Lat _____ Long _____

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: CRP

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 REVEGETATIONCropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: CRP

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Inspector Name: QUINT, CRAIG

Debris removed _____ No disturbance /Location never built Pass
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: **LOCATION SHOWS NO SIGN OF ANY GROUND DISTURBANCE,STAKE IS STILL IN PLACE, PASTURE GRASS.**

Corrective Action: _____ Date _____

Overall Final Reclamation Pass 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: _____ Corrective Date: _____

Comment: _____

CA: _____