

**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:

08/11/2012

Document Number:

663300398

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>SCHURE, KYM</u>
	<u>218755</u>	<u>387661</u>		

Operator Information:OGCC Operator Number: 9500 Name of Operator: BRADEN* ESTATE OF JOHN WAddress: P O BOX 266City: HUTCHINSONState: KSZip: **Contact Information:**

Contact Name	Phone	Email	Comment
SCHOEPFLIN, SHARON		sharon.schoepflin@state.co.us	

Compliance Summary:QtrQtr: NESW Sec: 3 Twp: 7N Range: 54W**Inspector Comment:**

Located in pasture/grassland, no disturbance showing, currently used for cattle grazing. Grass is well established. Both well sites, 05-075-05493 and 05-075-05501 have revegetated and in use for cattle grazing.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
218755	WELL	PA	07/11/1955		075-05493	HOOVER 1	<input checked="" type="checkbox"/>
218761	WELL	PA	10/20/1953	OW	075-05501	G. WHITTENBAUGH 2	<input checked="" type="checkbox"/>

Equipment:Location Inventory

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

LocationEmergency 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: 387661

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:

FacilityFacility ID: 218755 Type: WELL API Number: 075-05493 Status: PA Insp. Status: PAFacility ID: 218761 Type: WELL API Number: 075-05501 Status: PA Insp. Status: PA**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: _____

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? Pass CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

1003b. Area no longer in use? PassProduction areas stabilized ? Pass

Inspector Name: SCHURE, KYM

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? _____

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

RESTORATION AND REVEGETATION

Cropland

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: Pasture/grassland shows no indication of disturbance

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: _____

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: _____ Corrective Date: _____

Comment: _____

CA: _____