

**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:

06/18/2013

Document Number:

669400774

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	214835	333605	LABOWSKIE, STEVE	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 19160 Name of Operator: CONOCO PHILLIPS COMPANY

Address: P O BOX 2197

City: HOUSTON State: TX Zip: 77252-

Contact Information:

Contact Name	Phone	Email	Comment
McDaniel, Heather	(505) 326-9507	Heather.D.McDaniel@conoco-phillips.com	Regulatory Supervisor (Meridian Inspections)
Busse, Dollie	(505) 324-6104	Dollie.L.Busse@conocophillips.com	Staff Regulatory Technician

Compliance Summary:

QtrQtr: <u>NWSW</u>	Sec: <u>34</u>	Twp: <u>34N</u>	Range: <u>10W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/04/2006	200093084	PR	PR	S		P	N
12/06/2004	200066210	PR	PR	S		P	N
08/19/2003	200044680	PR	PR	S		P	N
02/06/2001	200015151	ID	SI	S		P	N
11/05/1999	200002867	ID	SI	S		P	N
03/17/1997	500147942	ID	SI			P	N
06/14/1995	500147941	ID	SI				N
11/14/1994	500147940	ID	SI			P	N

Inspector Comment:

overall location looks good, see "signs and markers" for tank and tank battery requirements.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
214835	WELL	PR	06/01/2012	GW	067-06439	MCCULLOGH 1	<input checked="" type="checkbox"/>
261871	WELL	AL	04/18/2005	LO	067-08661	MCCULLOCH 2 SWD	<input type="checkbox"/>
293347	WELL	AL	09/01/2009	LO	067-09428	MCCULLOCH 1A	<input type="checkbox"/>

Equipment:Location Inventory

Inspector Name: LABOWSKIE, STEVE

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
BATTERY	Unsatisfactory	battery needs signage indicating which wells are service by tanks.	install centralized battery sign	08/02/2013
TANK LABELS/PLACARDS	Unsatisfactory	capacity faded off labels, tank labels small, can't be easily read outside of berms.	filling in capacity on blank labels, a large contents and NFPA at centralized battery sign (see below) would be useful	08/02/2013
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory _____ Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Vertical Heated Separator	1	Satisfactory			
Horizontal Heated Separator	1	Satisfactory			
Gas Meter Run	1	Satisfactory			
Ancillary equipment	1	Satisfactory			
Bird Protectors	11	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	10	OTHER	HEATED STEEL AST	37.144340,-107.927400	
S/U/V:	Satisfactory		Comment: _____		
Corrective Action: _____				Corrective Date: _____	
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) 400 bbl _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action _____				Corrective Date _____	
Comment _____					
Venting:					
Yes/No		Comment _____			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 333605

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: 214835 Type: WELL API Number: 067-06439 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Environmental**Spills/Releases:**

Inspector Name: LABOWSKIE, STEVE

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? In Production areas stabilized ? Pass

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? In

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 In

1003 f. Weeds Noxious weeds? P

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
Gravel	Pass	Compaction	Pass			
Compaction	Pass					

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____