

Inspector Name: QUINT, CRAIG

**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:

07/02/2013

Document Number:

668601032

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>429988</u>	<u>429989</u>	<u>QUINT, CRAIG</u>	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 10410 Name of Operator: KIRKPATRICK OIL COMPANY INC

Address: 1001 W WILSHIRE BLVD #202

City: OKLAHOMA CITY State: OK Zip: 73116

Contact Information:

Contact Name	Phone	Email	Comment
BLEVINS, BOB	(405) 767-3627	bblevins@kirkpatrickoil.com	Drilling & Completion Manager

Compliance Summary:

QtrQtr: <u>NENE</u>		Sec: <u>19</u>	Twp: <u>11S</u>		Range: <u>44W</u>		
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/24/2013	668600676	XX	ND	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
429988	WELL	DG	06/18/2013	LO	063-06346	B&B Farms 1-19H	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: <u>1</u>	Drilling Pits: <u>1</u>	Wells: <u>1</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>2</u>	Separators: <u>1</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: <u>2</u>	LACT Unit: _____	Pump Jacks: _____
Electric Generators: <u>1</u>	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: <u>4</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
DRILLING/RECOMP	Satisfactory	SIGNS AT ENTRANCE		

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Inspector Name: QUINT, CRAIG

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: 429989

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	koepsear	Provide notice to COGCC 48-hours prior to commencement of construction activities via form 42.	08/08/2012
OGLA	koepsear	Provide notice to COGCC 48-hours prior to commencement of Hydraulic Fracturing activities via form 42.	08/08/2012

OGLA	koepsear	<p>•Prior to drilling, operator shall sample two wells, springs, or surface water features within a one (1) mile radius of the proposed oil and gas location. Testing preference shall be given to water wells and springs over surface water. The sample location shall be surveyed in accordance with Rule 215.</p> <p>Initial baseline testing shall include laboratory analysis of pH, total dissolved solids (TDS), specific conductivity (SC), sodium adsorption ratio (SAR) calculation, calcium (Ca), potassium (K), magnesium (Mg), sodium (Na), arsenic (As), boron (B), barium (Ba), cadmium (Cd), chromium (Cr), copper (Cu), iron (Fe), manganese (Mn), lead (Pb), selenium (Se). All metals analyzed for total recoverable; bromide (Br), chloride (Cl), fluoride (F), sulfate (SO₄), alkalinity (total, HCO₃, and CO₃ – all expressed as CaCO₃), benzene, toluene, ethyl benzene, o-xylene, m- + p-xylene (BTEX), dissolved methane, diesel range organics (DRO), gasoline range organics (GRO). Sampling shall be performed by qualified individuals using methods consistent with commonly accepted environmental sampling procedures. Field observations such as pH, temperature, specific conductance, odor, water color, sediment, bubbles, and effervescence shall also be included.</p> <p>Post completion testing shall be performed for the same analytical parameters listed above and repeated one (1), three (3) and six (6) years after completion of the well.</p> <p>If free gas or a dissolved methane concentration level greater than one (1) milligrams per liter (mg/l) is detected in a water well, gas compositional analysis and stable isotope analysis of the methane (carbon and deuterium) shall be performed to determine gas type (biogenic or thermogenic). If the methane concentration increases by more than five (5) mg/l between sampling periods, or increases to more than ten (10) mg/l, the operator shall notify the Director and the owner of the water well immediately. If thermogenic methane concentrations increase between sampling periods, the operator shall submit to the Director an action plan to determine the source of the increase.</p> <p>Copies of all test results described above shall be provided to the Director and the landowner where the water quality testing well is located within three (3) months of collecting the samples used for the test. The analytical data and surveyed sample locations shall also be submitted to the Director in an electronic data deliverable format approved by Director.</p>	08/08/2012
OGLA	koepsear	Flowback and stimulation fluids must be sent to tanks. The flowback and stimulation fluid tanks must be placed on the well pad in an area with additional down gradient perimeter berming sufficiently impervious to contain any spilled or released material (per Rule 604.a.(4)). Tanks used for flowback must be equipped with emission reducing devices during flowback.	08/08/2012

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: 429988 Type: WELL API Number: 063-06346 Status: DG Insp. Status: DG

Well Drilling**Rig:** Rig Name: Horizontal Well

Pusher/Rig Manager: _____

Permit Posted: Satisfactory

Access Sign: Satisfactory

Well Control Equipment:

Pipe Ram: YES

Blind Ram: YES

Hydril Type: YES

Pressure Test BOP: Pass

Test Pressure PSI: 1500

Safety Plan: YES

Drill Fluids**Management:**

Lined Pit: _____

Unlined Pit: YES

Closed Loop: NO

Semi-Closed Loop: YES

Multi-Well: NO

Disposal Location: _____

Comment:

MUD TANKS WITH A EARTHEN RESERVE PIT. TRIPPING PIPE.

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:

Inspector Name: QUINT, CRAIG

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: IRRIGATED

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 REVEGETATION

Cropland

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: IRRIGATED

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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
Compaction	Pass	Compaction	Pass	MHSP	Pass	

S/U/V: Satisfactory _____

Corrective Date: _____

Comment:

CA:

Pits:

Pit Type: Reserve

Lined: NO

Pit ID: _____

Lat: 39.086810

Long: -102.374180

Lining:

Liner Type: _____

Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____

Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____

Netting Condition: _____

Comment: _____

Anchor Trench Present: _____

Oil Accumulation: _____

2+ feet Freeboard: _____

Pit (S/U/V): _____

Comment:

Corrective Action:

Date: _____