

Inspector Name: Sherman, Susan

**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:

12/30/2013

Document Number:

673700617

Overall Inspection:

Violation**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	204365	320668	Sherman, Susan	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:

OGCC Operator Number:

Name of Operator: FAHEY OIL & GASAddress: P O BOX 612City: STRASBURG State: CO Zip: 80136

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☒ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Fahey, Dave	(303) 622-9495	diafahey07@aol.com	owner operator
CANFIELD, CHRIS		chris.canfield@state.co.us	

Compliance Summary:QtrQtr: SWSW Sec: 35 Twp: 5S Range: 65W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/05/2012	658500035			Violation			Yes
10/25/2011	659400003	PR	PR				No
10/25/2011	659400004	PR	PR	Satisfactory			No
02/01/2006	200088300	PR	WO	Unsatisfactory		Pass	No
12/28/1995	500134406	PR	PR			Pass	No
11/08/1995	500134405						
08/30/1995	500134404	PR	SI			Pass	No
05/05/1995	500134403						
04/13/1995	500134402	PR	PR				Yes
03/28/1994	500134400		PR				

Inspector Comment:**Observed ongoing rule violations that were first noted in the inspection on 01/05/2012 (document number 658500035).****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
114537	PIT		09/23/1999		-	STATE 35-13	<input checked="" type="checkbox"/>
204365	WELL	PR	01/12/2006	OW	005-06450	STATE 35-13	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

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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
TANK LABELS/PLACARDS	Satisfactory	Fixed per 03/01/12 inspection.		
BATTERY	Satisfactory	Fixed per 01/05/12 inspection.		

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL	Satisfactory	Fixed per 01/05/12 inspection.		
DEBRIS	Satisfactory	Fixed per 01/05/12 inspection.		

Spills:				
Type	Area	Volume	Corrective action	CA Date
Crude Oil	Tank	<= 5 bbls	Remove and remediate stained soil at west crude oil tank valve.	01/03/2014
Produced Water	Tank	<= 5 bbls	Fix leak. Remove and remediate stained soil.	01/03/2014

☐ Multiple Spills and Releases?

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	0	Unsatisfactory		Fix bird protection on produced water tank.	02/03/2014
Flow Line	1	Violation	Per 01/05/12 inspection, overland flowline from separator to tank is not protected and requires cover (see attached photo).	Protect flowline from damage.	02/03/2014
Deadman # & Marked	4	Satisfactory			
Veritcal Heater Treater	1	Satisfactory			

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Pump Jack	1	Satisfactory			
Prime Mover	1	Satisfactory			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST	,

S/U/V: **Unsatisfactory** Comment: **Same berm at crude oil tanks.**

Corrective Action: **Provide COGCC with schedule to paint tank.**

Corrective Date: **01/30/2014**

Paint

Condition	Inadequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) Observable from public highway, must be painted.

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action _____ Corrective Date _____

Comment _____

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	300 BBLS	STEEL AST	39.567990,104.639090

S/U/V: **Unsatisfactory** Comment: _____

Corrective Action: **Provide COGCC with schedule to paint tanks.**

Corrective Date: **02/08/2014**

Paint

Condition	Inadequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) Observable from public highway, must be painted.

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Insufficient	Base Sufficient	Inadequate

Corrective Action **Fix berm on east side of tank battery. Too shallow/full of eroding berm sediment to contain tank spill**

Corrective Date **02/03/2014**

Comment _____

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 204365

Site Preparation:

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

S/U/V: _____

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

Form 2A COAs:**S/U/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/U/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Stormwater:****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: 114537 Type: PIT API Number: - Status: _____ Insp. Status: _____

Facility ID: 204365 Type: WELL API Number: 005-06450 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: _____

S/V: ViolationCA Date: 02/03/2014

CA: Well must be either: 1) Put on production or 2) Per COGCC Rule 326.b.(1) a successful mechanical integrity test shall be performed on each shut-in well within two (2) years of the initial shut-in date or 3) Be properly plugged and abandoned. Shut-in and temporarily abandoned wells must be properly reported on COGCC Form 7, Operator's Monthly Production Report.

Comment: Last listed as PR in 12/2012.**Environmental****Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: Pit releases.Corrective Action: See comment at end of report for corrective action.Date: 02/03/2014

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: _____

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? Pass

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: _____

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 _____

Well Release on Active Location ☐Multi-Well Location ☐**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Fail					
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

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S/U/V: **Unsatisfactory** Corrective Date: **02/03/2014**
Comment: **Berms eroding (see attached photo).**
CA: **Maintain berms with Best Management Practices (BMPs) per 01/05/12 inspection.**

Pits: ☒ NO SURFACE INDICATION OF PIT

Pit Type: _____ Lined: _____ Pit ID: 114537 Lat: 39.567655 Long: -104.639861

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): **Unsatisfactory** Comment: _____

Corrective Action: **See comment at end of report for corrective action.** Date: **02/03/2014**

COGCC Comments

Comment	User	Date
Submit a Form 27-Remediation Workplan for COGCC, Environmental Protection Specialist, Chris Canfield (chris.canfield@state.co.us) for review and approval.	ShermaSe	01/02/2014

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673700624	State 35_13 Battery berm erosion	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3255300
673700625	State 35_13 Battery erosion	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3255301
673700626	State 35_13 Battery hose	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3255302
673700627	State 35_13 Battery sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3255303
673700628	State 35_13 Battery tank leak	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3255304
673700629	State 35_13 Wellhead_pressure	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3255305