

Inspector Name: Rickard, Jeffrey

**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
----	----	----	----

Inspection Date:

04/10/2014

Document Number:

674100600

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	432474	432476	Rickard, Jeffrey	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:

Name of Operator: TRITON ENERGY SERVICES LLCAddress: 2850 MCCLELLAND DRIVE STE 2400City: FORT COLLINS State: CO Zip: 80525

- ☐ 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
		corporate@tritonenergyservices.com	
		mark@tritonenergyservices.com	

Compliance Summary:QtrQtr: SWNW Sec: 23 Twp: 4N Range: 66W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
432474	WELL	DG	04/06/2014	LO	123-37120	TRITON 1	DG	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>1</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: <u>1</u>
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
OTHER	Satisfactory	Rig sign 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?				
Venting:				
Yes/No	Comment			
Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Predrill				
Location ID: 432474				
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				

Inspector Name: Rickard, Jeffrey

Facility ID: 432474 Type: WELL API Number: 123-37120 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: Kaufman Drilling Rig Pusher/Rig Manager: _____
Permit Posted: Satisfactory Access Sign: Satisfactory

Well Control Equipment:

Pipe Ram: YES Blind Ram: YES Hydril Type: _____
Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
Multi-Well: NO Disposal Location: _____

Comment:

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: INDUSTRIAL, 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 _____

Inspector Name: Rickard, Jeffrey

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: INDUSTRIAL, IRRIGATED _____

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

Inspector Name: Rickard, Jeffrey

S/U/V: **Unsatisfactory** Corrective Date: **04/12/2014**

Comment: **No cover for dumpster. Sack storage at north of location are on liner but not in containment and are not covered. See photos.**

CA: **Place sacks in containment and cover dumpster. Sacks need to be covered.**

Pits: ☐ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Stormwater and containment issues of chemicals/sacks need to be addressed. Dumpster needs to be covered to prevent trash from escaping location.	rickardj	04/10/2014

Attached Documents

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

Document Num	Description	URL
674100601	Uncovered dumpster	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3318881
674100602	Sack storage.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3318882