

**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:

08/05/2015

Document Number:

673711183

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	233478	316956	Sherman, Susan	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 74770Name of Operator: RITCHIE EXPLORATION INCAddress: P O BOX 783188City: WICHITA State: KS Zip: 67278-☐ 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
Hutson, L. Roger	(303) 893-6621	lrhutson@hrmres.com	
Prohaska, April	(303) 996-8697	aprohaska@hrmres.com	
Pape, Terry	(970) 768-5700	tpape@hrmres.com	
Quint, Craig		craig.quint@state.co.us	

Compliance Summary:QtrQtr: SWNE Sec: 22 Twp: 3S Range: 52W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/15/2014	673704799	IJ	AC	SATISFACTORY			No
07/23/2013	664001131	IJ	AC	SATISFACTORY			No
07/16/2012	663400608	IJ	AC	ACTION REQUIRED	P		No
04/19/2011	200307891	RT	AC	SATISFACTORY			Yes
06/04/2010	200254333	RT	AC	SATISFACTORY			Yes
07/17/2009	200215497	RT	AC	SATISFACTORY			No
02/21/2009	200215501	ES	UN	ACTION REQUIRED			Yes
07/24/2008	200193437	RT	AC	SATISFACTORY			No
04/16/2008	200130357	MI	AC	ACTION REQUIRED			Yes
05/10/2007	200111948	RT	AC	SATISFACTORY		Pass	No
04/10/2006	200089362	RT	AC	SATISFACTORY		Pass	No
08/25/2005	200075997	RT	AC	SATISFACTORY		Pass	No
05/06/2004	200054405	RT	AC	SATISFACTORY		Pass	No
05/28/2003	200039600	MI	AC	SATISFACTORY		Pass	No
04/03/2002	200025484	RT	AC	SATISFACTORY		Pass	No
08/09/2001	200018544	RT	AC	SATISFACTORY		Pass	No
03/03/2000	200004435	RT	AC	SATISFACTORY		Fail	Yes
03/01/2000	200004013	RT	AC	SATISFACTORY		Fail	Yes

Inspector Name: Sherman, Susan

09/01/1994	500158339		AC				
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Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
107583	PIT		09/23/1999		-	WINN 1-22		<input type="checkbox"/>
150248	UIC DISPOSAL	AC	10/26/1988		-	WINN 1-22	AC	<input type="checkbox"/>
233478	WELL	SI	04/16/2015	DSPW	121-05521	WINN 1-22	SI	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	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: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	ACTION REQUIRED	Damaged sign at wellhead.	Install sign to comply with rule 210.	09/11/2015
BATTERY	ACTION REQUIRED	Per pumper this tank, pit and shed location are part of this injection well. There is no sign at pump house on NW corner of CR 15 and EE.	Install sign to comply with rule 210.	09/11/2015
TANK LABELS/PLACARDS	SATISFACTORY			

Emergency Contact Number (S/A/V): ACTION Corrective Date: 09/11/2015

Comment: Emergency contact number is on a sign at the CR and access road to the well. Operator has signs on order.

Corrective Action: Install sign that includes emergency contact number.

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Other	1	SATISFACTORY	injection well pump in tin shed with electric pole to shed		

Inspector Name: Sherman, Susan

Deadman # & Marked	4	SATISFACTORY				
Facilities:						
<input type="checkbox"/> New Tank		Tank ID: _____				
Contents	#	Capacity	Type	SE GPS		
PRODUCED WATER	1	400 BBLS	STEEL AST	39.786910,-103.181760		
S/A/V:	SATISFACTORY		Comment:			
Corrective Action:						Corrective Date:
Paint						
Condition						
Other (Content)	_____					
Other (Capacity)	_____					
Other (Type)	_____					
Berms						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Earth	Inadequate	Walls Sufficient	Base Sufficient	Inadequate		
Corrective Action	Maintain produced water tank's berms. (Well is currently shut in and tank volume not known).					Corrective Date
Comment						
Venting:						
Yes/No	Comment					
Flaring:						
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date		

Inspector Name: Sherman, Susan

Predrill

Location ID: 233478

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:

S/A/V: SATISFACTORY **Comment:** No COAs.

CA: _____ **Date:** _____

Wildlife BMPs:

S/A/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: 233478 Type: WELL API Number: 121-05521 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: JSND

TC: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ Last MIT: 07/23/2013

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: SATISFACTORY CA Date: _____

CA: _____

Comment: Dec 2014 records indicate well is shut in, subsequent gaps in operation data. Update Form 7's.

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: _____

Comment: crop, pit west of CR EE, north of CR 15

1003a. Debris removed? Pass CM _____

CA _____ CA Date _____

Inspector Name: Sherman, Susan

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? _____ CM _____
CA _____ CA Date _____
Guy line anchors marked? Pass 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: _____

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 ☐

Inspector Name: Sherman, Susan

Storm Water:

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

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Pit Type: Produced Water Lined: _____ Pit ID: _____ Lat: 39.787036 Long: -103.181390

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: Mesh Netting Condition: Gaps

Comment: See attached photo

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: _____

Pit (S/A/V): _____ Comment: _____

Corrective Action: _____ Date: _____

Attached Documents

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

Document Num	Description	URL
673711194	HRM Winn 1-22 Routine UIC	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3660806

ACTION REQUIRED

ANY ACTION REQUIRED items listed on this report indicate that the oil and gas facility or the oil and gas operations listed on the report may be in violation of the rules and regulations of the Colorado Oil and Conservation Commission (“COGCC”) and corrective action is required.

There is reasonable cause to believe that a violation of the Oil and Gas Conservation Act, or of any rule, regulation, or order of the Commission, or of any permit issued by the Commission, has occurred. The Operator’s compliance with this Inspection Report is required to resolve these alleged violations. This document requires the Operator to timely respond to the COGCC and to comply with directives as listed by the **Corrective Action Deadline Date**. Failure to do so will result in the issuance of a Notice of Alleged Violation and initiation of enforcement proceedings in which COGCC will seek monetary penalties for the alleged violations pursuant to § 34-60-121, C.R.S. and Rule 523, COGCC Rules of Practice and Procedure, 2 CCR 404-1. (Please note that the COGCC's penalty authority was recently increased to a maximum of \$15,000 per day and penalties are no longer capped at a maximum of \$10,000 per violation.)