

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:
08/27/2015

Document Number:
673711363

Overall Inspection:

ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>233600</u>	<u>316970</u>	<u>Sherman, Susan</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>94300</u>
Name of Operator:	<u>WARD & SON* ALFRED</u>
Address:	<u>P O BOX 737</u>
City:	<u>OGALLALLA</u> State: <u>NE</u> Zip: <u>69153</u>

- 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
Ward, Randy	(308) 284-8350	rlwardne@charter.net	
Koehler, Bob		bob.koehler@state.co.us	
Quint, Craig		craig.quint@state.co.us	
Crumley, Luke	(970) 324-0060	crumleypumping@gmail.com	

Compliance Summary:

QtrQtr: NESW Sec: 9 Twp: 3S Range: 56W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/16/2014	673704840	IJ	AC	SATISFACTORY			No
03/26/2014	673701966	IJ	IJ	SATISFACTORY			No
02/19/2014	673701479	IJ	IJ	ACTION REQUIRED	P		No
07/24/2013	668200552	IJ	AC	SATISFACTORY	P		No
07/16/2012	663400611	IJ	AC	ACTION REQUIRED	P		No
05/04/2011	200309791	MI	SI	SATISFACTORY			No
04/19/2011	200307884	RT	AC	ACTION REQUIRED			Yes
06/04/2010	200254338	RT	AC	SATISFACTORY			No
07/10/2009	200215329	RT	AC	SATISFACTORY			No
03/09/2009	200205589	RT	AC	SATISFACTORY			No
03/11/2008	200128803	RT	AC	SATISFACTORY			No
06/21/2007	200115815	MI	SI	SATISFACTORY		Pass	No
05/25/2007	200112029	RT	AC	ACTION REQUIRED		Fail	Yes
06/27/2006	200093897	MI	AC	SATISFACTORY		Pass	No
08/29/2005	200076002	RT	AC	SATISFACTORY		Pass	No
08/16/2004	200059202	RT	AC	SATISFACTORY		Pass	No
08/01/2003	200042501	RT	AC	SATISFACTORY		Pass	No
07/25/2002	200029381	RT	AC	SATISFACTORY		Pass	No

Inspector Name: Sherman, Susan

11/21/2001	200021825	MI	AC	SATISFACTORY		Pass	No
08/15/2001	200019261	RT	AC	SATISFACTORY		Pass	No
06/14/2000	200007321	RT	AC	SATISFACTORY		Pass	No
11/14/1996	500158435	ID	TA			Fail	Yes
05/07/1996	500158434	ID	TA			Fail	Yes
12/06/1994	500158433		SI				

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
117790	PIT	AC	09/23/1999		-	PIERCE	AC
150409	UIC DISPOSAL	AC	12/04/1996		-	PIERCE 4	AC
233600	WELL	IJ	05/19/1993	OW	121-05654	PIERCE 4	SI

Equipment:

Location Inventory

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/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/A/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/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	steel panels		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	1	SATISFACTORY	electric panel		

Deadman # & Marked	4	SATISFACTORY		
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Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 233600

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: <u>233600</u>	Type: <u>WELL</u>	API Number: <u>121-05654</u>	Status: <u>IJ</u>	Insp. Status: <u>SI</u>
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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:	05/04/2011
Brhd:	Pressure or inches of Hg	_____	Previous Test Pressure	_____	AnnMTReq:	_____

Comment: At time of this Routine UIC inspection, tubing had slight vacuum that died when opened and casing was dead when opened. Well was worked on at the end of July 2015 and an MIT pre-test was done by the operator that would not meet COGCC requirements for a passing MIT. Per the pumper, the operator is reviewing options but was told that the well must pass a COGCC witnessed MIT or the well must be plugged within 6 months per their August 7, 2015 email from Bob Koehler/COGCC.

Method of Injection: _____

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

Insp. Status: _____

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	_____
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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? _____

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
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			

S/A/V: SATISFACTOR
Y
Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
This well must pass a COGCC witnessed MIT or the well must be plugged within 6 months per the August 7, 2015 email from Bob Koehler/COGCC to Randy Ward.	ShermaSe	08/27/2015

Attached Documents

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

Document Num	Description	URL
673711374	Ward Pierce 4 Routine UIC	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3671796

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.)