

**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:

09/23/2015

Document Number:

675101868

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	229805	314874	GRANAHAN, KYLE	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10378Name of Operator: GLADE* CHRIS OIL & GAS LLCAddress: 2545 S. CODY WAYCity: LAKEWOOD State: CO Zip: 80227

- ☒ 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
Beckstrom, David		david.beckstrom@state.co.us	
Thompson, Bud		BLThomps@BLM.gov	
Ikenouye, Teri		teri.ikenouye@state.co.us	
Kellerby, Shaun		shaun.kellerby@state.co.us	
Spencer, Stan		stan.spencer@state.co.us	
Glade, Chris	303-909-2166	100bopd@gmail.com	

Compliance Summary:QtrQtr: NENE Sec: 6 Twp: 2N Range: 103W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/20/2015	675101731	PR	SI	ACTION REQUIRED	F		No
01/31/2015	675100939	PR	PR	ACTION REQUIRED	F		No

Inspector Comment:

Inspection Doc #675100939 conducted on 01/31/2015 cited required corrective actions. Second follow-up inspection was conducted by COGCC staff; no evidence of corrective actions implemented. Teri - Production records are not current - last records on file date back to May 2014

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
229805	WELL	PR	08/01/2013	OW	103-07462	WOLF 1	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	No sign present, see photo log	Install sign to comply with rule 210.	03/06/2015
BATTERY	ACTION REQUIRED	Located at gas meter - missing nearest public access road, see photo log.	Install sign to comply with rule 210.	03/06/2015
TANK LABELS/PLACARDS	ACTION REQUIRED	Tanks missing required labels, see photo log.	Install sign to comply with rule 210.	03/06/2015

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: 303-909-2166

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
STORAGE OF SUPL	ACTION REQUIRED	Pump rod/tubing stored next to well, see photo log.	Remove all debris and equipment not needed for production of the lease.	03/06/2015
UNUSED EQUIPMENT	ACTION REQUIRED	Steel up right on NW corner of location not in use, see photo log.	Remove all debris and equipment not needed for production of the lease.	03/06/2015
TRASH	ACTION REQUIRED	Empty drums on location, see photo log.	Remove all debris and equipment not needed for the production of the lease.	03/06/2015

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Gas Meter Run	1	SATISFACTORY			
Horizontal Heated Separator	1	SATISFACTORY			
Bird Protectors	1	SATISFACTORY			
Deadman # & Marked	4	SATISFACTORY			
Pump Jack	1	SATISFACTORY			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1		STEEL AST	,	
S/A/V: SATISFACTORY	Comment: Shares the same containment as crude tank. Not able to determine capacity - tank missing labels.				
Corrective Action:				Corrective Date:	

Inspector Name: GRANAHAN, KYLE

<u>Paint</u>	Adequate			
Other (Content)				
Other (Capacity)				
Other (Type)				
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				
Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1		STEEL AST	,
S/A/V:	SATISFACTORY	Comment:	Not able to determine capacity - tank not labeled	
Corrective Action:				Corrective Date:
<u>Paint</u>				
Condition	Adequate			
Other (Content)				
Other (Capacity)				
Other (Type)				
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment	Compacted berms/base			
Venting:				
Yes/No	Comment			
NO				
Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 229805

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**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: 229805 Type: WELL API Number: 103-07462 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: EQUIPMENT ONSITE

S/A/V: SATISFACTORY CA Date: _____

CA: _____

Comment: Production records indicate well last produced in May 2014.

Environmental**Spills/Releases:**

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

Inspector Name: GRANAHAH, KYLE

Comment: <input style="width: 700px;" type="text"/>			
Corrective Action: _____		Date: _____	
Reportable: _____	GPS: Lat _____	Long _____	
Proximity to Surface Water: _____		Depth to Ground Water: _____	
Water Well:			
DWR Receipt Num: _____		Owner Name: _____	GPS : _____
Field Parameters:			
<input style="width: 300px;" type="text"/>			
Sample Location: <input style="width: 400px;" type="text"/>			
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? Fail CM Remove trash and drums, see photo log

CA Remove all debris and equipment not needed for production of lease. CA Date 03/06/2015

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Fail CM Unused tubing/pump rod/steel ast on location, see photo log

CA Remove all debris and equipment not needed for production of lease CA Date 03/06/2015

Pit, cellars, rat holes and other bores closed? _____ 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? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

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? Pass Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Inspector Name: GRANAHAN, KYLE

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation Fail

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
Compaction	Pass					
		Compaction	Pass			

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: **No apparent soil migration; erosion or soil movement. BMP's in satisfactory condition at time of inspection.**

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Inspector Name: GRANAHAN, KYLE

Pit Type: _____ Lined: NO Pit ID: _____ Lat: 40.177240 Long: -108.992070

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

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

Pit (S/A/V): ACTION Comment: Pit on location - contains standing water, trash, and buckets, see photo log

Corrective Action: Contact the local EPS Date: 09/03/2015

Spencer, Stan - NW Environmental Protection Specialist
stan.spencer@state.co.us
(970) 625-2497
(970) 987-2891 (cell)

Attached Documents

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

Document Num	Description	URL
675101869	Photo log	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3686744

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.)