

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



Inspection Date:
06/08/2016
Document Number:
684901460

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>421249</u>	<u>421249</u>	<u>Pesicka, Conor</u>	<input type="checkbox"/>	

Overall Inspection:
SATISFACTORY w/ CMT or AR

Operator Information:

OGCC Operator Number: 10373
Name of Operator: NGL WATER SOLUTIONS DJ LLC
Address: 3773 CHERRY CRK NORTH DR #1000
City: DENVER State: CO Zip: 80209

- 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
Patterson, Joshua	970.356.5560	Joshua.Patterson@nglep.com	VP of Operations

Compliance Summary:

QtrQtr: NESE Sec: 29 Twp: 11N Range: 62W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159354	UIC DISPOSAL	AC	01/14/2011		-	NGL FACILITY C8	AC	<input checked="" type="checkbox"/>
421228	WELL	IJ	12/29/2010	DSPW	123-32858	NGL C8A	AC	<input checked="" type="checkbox"/>
421233	WELL	IJ	12/28/2012	DSPW	123-32860	NGL C8B	AC	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>2</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>20</u>	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: <u>4</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	ACTION REQUIRED	Conical tanks missing safety placard	Install sign to comply with rule 210d.	08/08/2016
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

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

Equipment:

Type: Ancillary equipment	# 2	Satisfactory/Action Required: SATISFACTORY
Comment	pumps- 2, empty	
Corrective Action	Date:	

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	OTHER	STEEL AST	40.894960,-104.335460

S/AR: SATISFACTORY Comment: Polish tanks

Corrective Action: _____ Corrective Date: _____

Paint

Condition	Adequate
-----------	----------

Other (Content) _____

Other (Capacity) 825bbl _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action _____ Corrective Date _____

Comment shared with produced water

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	OTHER	OTHER	40.894960,-104.335460
S/AR	SATISFACTORY		Comment:	conical tanks
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
-----------	----------

Other (Content) _____

Other (Capacity) 744bbl _____

Other (Type) conical _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action				Corrective Date
-------------------	--	--	--	-----------------

Comment	shared with produced water			
---------	----------------------------	--	--	--

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	500 BBLS	FIBERGLASS AST	40.894960,-104.335460

S/AR	SATISFACTORY		Comment:	
------	--------------	--	----------	--

Corrective Action:				Corrective Date:
--------------------	--	--	--	------------------

Paint

Condition	Adequate
-----------	----------

Other (Content) _____

Other (Capacity) 543bbl _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action				Corrective Date
-------------------	--	--	--	-----------------

Comment	shared with produced water			
---------	----------------------------	--	--	--

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	500 BBLS	FIBERGLASS AST	40.894960,-104.335460

S/AR	SATISFACTORY		Comment:	
------	--------------	--	----------	--

Corrective Action:				Corrective Date:
--------------------	--	--	--	------------------

Paint

Condition	Adequate
-----------	----------

Other (Content) _____

Other (Capacity) 508bbl _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action					Corrective Date	
Comment		shared with produced water				
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS		
PRODUCED WATER	2	100 BBLS	FIBERGLASS AST	40.894960,-104.335460		
S/AR	SATISFACTORY		Comment: HWSB			
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		
Corrective Action					Corrective Date	
Comment		shared with produced water				
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS		
PRODUCED WATER	6	OTHER	FIBERGLASS AST	40.894960,-104.335460		
S/AR	SATISFACTORY		Comment:			
Corrective Action:					Corrective Date:	
<u>Paint</u>						
Condition	Adequate					
Other (Content) _____						
Other (Capacity) 660bbl						
Other (Type) _____						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Corrective Action					Corrective Date	
Comment		shared with produced water				
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS		
CRUDE OIL	9	400 BBLS	STEEL AST	40.894960,-104.335460		
S/AR	SATISFACTORY		Comment:			
Corrective Action:					Corrective Date:	
<u>Paint</u>						
Condition	Adequate					
Other (Content) _____						

Inspector Name: Pesicka, Conor

Other (Capacity) _____
 Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action: _____ Corrective Date: _____

Comment: Shared with produced water

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	12	500 BBLS	FIBERGLASS AST	40.894960,-104.335460

S/AR: SATISFACTORY Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition: Adequate

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Concrete	Adequate	Walls Sufficent	Base Sufficient	Adequate

Corrective Action: _____ Corrective Date: _____

Comment: _____

Venting:

Yes/No: NO

Comment: _____

Flaring:

Type: _____ Satisfactory/Action Required: _____

Comment: _____

Corrective Action: _____ Correct Action Date: _____

Predrill

Location ID: 421249

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

S/AR: _____

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

Form 2A COAs:

Group	User	Comment	Date
OGLA	allisonr	Location is in a sensitive area because of proximity to a domestic water well; therefore either a lined drilling pit or closed loop system is required.	01/18/2011

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

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: 159354 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 421228 Type: WELL API Number: 123-32858 Status: IJ Insp. Status: AC

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:	ADMI
TC:	Pressure or inches of Hg	0	Previous Test Pressure	_____	Last MIT:	12/02/2011
Brhd:	Pressure or inches of Hg	0	Previous Test Pressure	_____	AnnMTRReq:	YES

Comment: Last MIT was 2011, MIT required within the year. Well currently not injecting.

Method of Injection: PUMP FEED

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

Insp. Status: _____

Comment: _____

BradenHead

Comment: Bradenhead plumbed to surface

CA: _____

CA Date: _____

Facility ID: 421233 Type: WELL API Number: 123-32860 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg	880	Previous Test Pressure	_____	MPP	_____
	(e.g. 30 psig or -30" Hg)				Inj Zone:	LYNS
TC:	Pressure or inches of Hg	0	Previous Test Pressure	_____	Last MIT:	11/07/2012
Brhd:	Pressure or inches of Hg	0	Previous Test Pressure	_____	AnnMTRReq:	NO

Comment: Not currently injecting, injected at 880psi in the morning.

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

BradenHead

Comment: Bradenhead plumbed to surface

CA: _____

CA Date: _____

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:	Lat	Long
DWR Receipt Num: _____	Owner Name: _____	GPS : _____

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: DRY LAND

Comment: _____

1003a. Waste and Debris removed? 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 marked? _____

CM _____

CA _____ CA Date _____

1003b. Area no longer in use? In 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? _____ 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: COMMERCIAL

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	Pass	Gravel	Pass			
Seeding	Pass					
Gravel	Pass					
Ditches	Pass	Culverts	Pass			
Slope Roughening	Pass					

S/A/V: SATISFACTOR Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

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

Document Num	Description	URL
684901461	No safety placard on conical tanks	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3874889