

**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:

06/13/2016

Document Number:

673713313

Overall Inspection:

SATISFACTORY w/ CMT  
or AR**FIELD INSPECTION FORM**

|                     |             |        |                 |                    |                          |
|---------------------|-------------|--------|-----------------|--------------------|--------------------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | <input type="checkbox"/> |
|                     | 234017      | 400679 | Sherman, Susan  | 2A Doc Num:        |                          |

**Operator Information:**OGCC Operator Number: 79395Name of Operator: SKAER ENTERPRISESAddress: 633 17TH STREET SUITE 1500City: DENVER State: CO Zip: 80202

- ☐ 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 |
|--------------|-------|-----------------------|---------|
| Young, Rob   |       | rob.young@state.co.us |         |

**Compliance Summary:**QtrQtr: NENW Sec: 7 Twp: 2S Range: 56W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/01/2010 | 200240837 | HR         | PA          | SATISFACTORY                  | P        | Pass           | No              |
| 11/09/2009 | 200222401 | HR         | PA          | ACTION REQUIRED               | I        |                | No              |
| 11/06/2009 | 200238649 | HR         | PA          | ACTION REQUIRED               |          |                | Yes             |
| 05/09/2006 | 200090138 | CO         | PA          | ACTION REQUIRED               | F        | Fail           | Yes             |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name         | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------|-------------------------------------|
| 234017      | WELL | PA     | 03/25/1991  | ERIW       | 121-06111 | LITTLE BEAVER UNIT 66 | PA          | <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**

Inspector Name: Sherman, Susan

| <b><u>Lease Road:</u></b> |                              |         |                   |      |
|---------------------------|------------------------------|---------|-------------------|------|
| Type                      | Satisfactory/Action Required | comment | Corrective Action | Date |
|                           |                              |         |                   |      |

| <b><u>Signs/Marker:</u></b> |                              |         |                   |         |
|-----------------------------|------------------------------|---------|-------------------|---------|
| Type                        | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                             |                              |         |                   |         |

Emergency Contact Number (S/AR): \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

| <b><u>Good Housekeeping:</u></b> |                              |         |                   |         |
|----------------------------------|------------------------------|---------|-------------------|---------|
| Type                             | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                                  |                              |         |                   |         |

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

| <b><u>Fencing/:</u></b> |                              |         |                   |         |
|-------------------------|------------------------------|---------|-------------------|---------|
| Type                    | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                         |                              |         |                   |         |

| <b><u>Equipment:</u></b> |   |                               |  |       |
|--------------------------|---|-------------------------------|--|-------|
| Type:                    | # | Satisfactory/Action Required: |  |       |
| Comment                  |   |                               |  |       |
| Corrective Action        |   |                               |  | Date: |

| <b><u>Venting:</u></b> |  |
|------------------------|--|
| Yes/No                 |  |
| Comment                |  |

| <b><u>Flaring:</u></b> |  |                              |  |
|------------------------|--|------------------------------|--|
| Type                   |  | Satisfactory/Action Required |  |
| Comment:               |  |                              |  |
| Corrective Action:     |  | Correct Action Date:         |  |

**Predrill**

Location ID: 234017

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

S/AR: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

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: 234017 Type: WELL API Number: 121-06111 Status: PA Insp. Status: PA

**Complaint**

Comment: **Complaint #200439709**  
 Landowner stated that this area in his field doesn't grow crops well. He said that Magpie had removed some dirt and brought in dirt from the access road near LBU #53 well and that it is doing better but yield is not equal to the rest of the field. Magpie was not the operator for this well but did the soil work at the landowner's request.  
 5/17/2006 COGCC Form 18 states, "THERE IS AN AREA THAT IS 75 FEET BY 150 FEET THAT IS NOT GROWING ANY CROPS. THE SOIL IS VERY HARD AND COMPACTED. A CHECK OF THE SITE AND RECORDS INDICATES THAT THIS IS PROBABLY A DISCHARGE AREA FROM AN OLD SET OF PITS BEFORE THE FIELD WAS UNITIZED. WILL NEED TO SAMPLE THE SOIL AND REMEDIATE ACCORDINGLY. WILL BE AN ERF PROJECT AS THE OPERATOR IS NO LONGER IN BUSINESS."  
 11/6/2009 COGCC inspection states, "SOIL ANALYSIS INDICATES PROBABLE PRODUCED WATER CONTAMINATION. SIGNIFICANT DEAD ZONE REMAINS."  
 4/1/2010 COGCC inspection states, "LOCATION RESTORED TO FARM LAND / WHEAT FIELD NO SIGN OF LOCATION." This passed the location for final reclamation.

**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: \_\_\_\_\_

Comment: \_\_\_\_\_

1003a. Waste and Debris removed? \_\_\_\_\_

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 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? \_\_\_\_\_

Inspector Name: Sherman, Susan

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 ☐

#### **Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

S/A/V: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

Pits: ☐ NO SURFACE INDICATION OF PIT

#### **Attached Documents**

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

| Document Num | Description                         | URL   |
|--------------|-------------------------------------|---|
| 673713359    | Skaer Enterprises LBU 66 crop field | <a href="http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3881941">http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3881941</a> |