

**FORM
INSP**Rev
X/15**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:

09/26/2016

Submitted Date:

10/02/2016

Document Number:

673714027**FIELD INSPECTION FORM**

Loc ID Inspector Name: On-Site Inspection ☐
 317229 Sherman, Susan 2A Doc Num: _____

Operator Information:OGCC Operator Number: 94300Name of Operator: WARD & SON* ALFREDAddress: P O BOX 737City: OGALLALLA State: NE Zip: 69153**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
☐ FOLLOW UP INSPECTION REQUIRED
☐ NO FOLLOW UP INSPECTION REQUIRED

Findings:10 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Ward, Randy	(308) 284-8350	rlwardne@charter.net	
Crumley, Luke	(970) 324-0060	crumleypumping@gmail.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
237305	WELL	PR	08/10/1993	OW	121-09806	STATE 4	SI

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 308-280-0100

Corrective Action:

Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment: _____

☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Ancillary equipment	# 6		
Comment:	spool, electric panel and 3 REA poles (3 phase) at well, propane tank at tanks (trash oil container)		
Corrective Action:		Date:	
Type: Bird Protectors	# 2		
Comment:	On VHT and smoke stack.		
Corrective Action:		Date:	
Type: Vertical Heater Treater	# 1		
Comment:	shed, berms GPs 39.81402, -103.19379		
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: FWKO	# 1		
Comment:	shed, in berms with VHT		

Corrective Action:		Date:	
Type: Submersible Pump	# 1		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tanak ID	SE GPS
PRODUCED WATER	1	400 BBLs	FIBERGLASS AST		39.814050,-103.194050
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tanak ID	SE GPS
PRODUCED WATER	1	OTHER	FIBERGLASS AST		,
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)	210 BBLs	
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:	Same berms as 400 BBL produced water tank.			
Corrective Action:				Date:

Contents	#	Capacity	Type	Tanak ID	SE GPS
CRUDE OIL	2	300 BBLs	STEEL AST		39.814030,-103.193510
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		

Other (Capacity)

Other (Type)

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment:					
Corrective Action:				Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Location Construction

Location ID: 237305

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

Comment: _____

Corrective Action: _____ Date: _____

Form 2A COAs:

Comment: No COAs.

Corrective Action: _____ **Date:** _____

Wildlife BMPs:

Comment: _____

Corrective Action: _____ **Date:** _____

Comment: _____

Corrective Action: _____ **Date:** _____

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:

Inspected FacilitiesFacility ID: 237305 Type: WELL API Number: 121-09806 Status: PR Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____Comment: SI since Jan 2016. Mar 2016 last reported to COGCC database. Update data. Flow line-0 psi.Corrective Action: Date: _____

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: dryland crop**1002 SITE PREPARATION AND STABILIZATION**

1002a. FENCING _____

Comment _____

Corrective Action _____

Date _____

1002b. SOIL REMOVAL AND
SEGREGATION _____

Comment _____

Corrective Action _____

Date _____

1002c. PROTECTION OF SOILS _____

Comment _____

Corrective Action _____

Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment _____

Corrective Action _____

Date _____

1003a. Waste and Debris removed? P

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? Pass

Comment _____

Corrective Action _____

Date _____

Pit, cellars, rat holes and other bores closed? Pass

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? Pass

Comment _____

Corrective Action _____

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 REVEGETATIONCropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003e. INTERIM VEGETATION TRANSECT

TRANSECT RESULTS OF DISTURBED AREA% _____

TRANSECT RESULTS OF REFERENCE AREA% _____

TOTAL % OF DESIRABLE VEGETATION COVER _____

VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment _____

Corrective Action _____ Date _____

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 _____

1004.d. FINAL VEGETATION TRANSECT

TRANSECT RESULTS OF DISTURBED AREA% _____

TRANSECT RESULTS OF REFERENCE AREA% _____

TOTAL % OF DESIRABLE VEGETATION COVER _____

VEGETATIVE COVER _____

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
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass	Material Handling And Spill Prevention	Pass	

Comment: _____

Corrective Action: _____

Date: _____

Pits: ☐ NO SURFACE INDICATION OF PITType: Produced WaterLined: NO

Pit ID: _____

Lat: 39.814040Long: -103.194060Reference Point: SE

Other: _____

Length: 250Width: 115**Lining:**

Liner Type: _____

Liner Condition: _____

Comment: _____

Corrective Action: _____

Date: c**Fencing:**Fencing Type: None

Fencing Condition: _____

Comment: _____

Corrective Action: _____

Date: _____

Netting:

Netting Type: _____

Netting Condition: _____

Comment: _____

Corrective Action: _____

Date: _____

Anchor Trench Present: _____

Oil Accumulation: NO

2+ feet Freeboard: _____

Comment: _____

Corrective Action: _____

Date: _____

Type: Skimming/SettlingLined: NO

Pit ID: _____

Lat: 39.814040Long: -103.194170Reference Point: SE

Other: _____

Length: 10Width: 10**Lining:**

Liner Type: _____

Liner Condition: _____

Comment: _____

Corrective Action: _____

Date: c**Fencing:**Fencing Type: None

Fencing Condition: _____

Comment: _____

Corrective Action: _____

Date: _____

Netting:Netting Type: Metal GridNetting Condition: Gaps

Inspector Name: Sherman, Susan

Comment:		Date:
Corrective Action		
Anchor Trench Present:	Oil Accumulation: <u>NO</u>	2+ feet Freeboard:
Comment:	Skim pits require lining.	
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
673714027	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3966139
673714066	Ward & Son State 4	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3966127