

**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:

11/29/2016

Submitted Date:

11/30/2016

Document Number:

673714487**FIELD INSPECTION FORM**

Loc ID Inspector Name: On-Site Inspection ☐
 311869 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:17 Number of Comments2 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Ward, Randy	(308) 284-8350	rlwardne@charter.net	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
233571	WELL	PR	01/25/1966	OW	121-05621	STATE 1	PR

General Comment:

LocationOverall Good: ☒

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

Emergency Contact Number:

Comment: 308-280-0100

Corrective Action:

Date: _____

Overall Good: ☐

Spills:			
Type	Area	Volume	
Crude Oil	Valve	<= 1 bbl	
Comment:	Valve at wellhead leaking (see attached photo).		
Corrective Action:	Fix leak.		Date: 12/14/2016
Crude Oil	WELLHEAD	<= 1 bbl	
Comment:	See attached photo.		
Corrective Action:	Remove or remediate stained soil at wellhead.		Date: 12/14/2016

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	cattle wire panels		
Corrective Action:		Date:	
Type	TANK BATTERY		
Comment:	barbed wire (includes treater area)		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Bird Protectors	# 1		

Comment: on VHT		Date:
Corrective Action:		Date:
Type: Ancillary equipment	# 2	
Comment: 2 REA Poles (3 phase)		Date:
Corrective Action:		Date:
Type: Vertical Heater Treater	# 1	
Comment: shed, stained soil inside of shed, chemical container, gas scrubber, berms, GPS 39.79735, -103.66630		Date:
Corrective Action:		Date:
Type: Prime Mover	# 1	
Comment: electric motor, electric panel		Date:
Corrective Action:		Date:
Type: Deadman # & Marked	# 4	
Comment:		Date:
Corrective Action:		Date:
Type: Pump Jack	# 1	
Comment: 2 concrete pads, gear box leak on ground (see attached photo), fix leak		Date:
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	400 BBLs	STEEL AST		
Comment: oil spill on outside of tank-clean up oil (see attached photo)					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Comment: same berms as crude oil tanks					
Corrective Action:				Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	400 BBLs	STEEL AST		39.796890,-103.666310
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: 233571 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 Facilities									
Facility ID:	233571	Type:	WELL	API Number:	121-05621	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR. Aug 2016 reported to COGCC database.								
Corrective Action:				Date:					

Environmental

Spill/Remediation:

Comment: [Under Remediation Project 9289 with COGCC EPS for skim pit closure. GPS 39.79728, -103.66634](#)

Corrective
Action:

Date: _____

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: hay field, ~1400' NW of Beaver Creek**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? Pass

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			

Comment:

Corrective Action:

Date: _____

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

Pit ID:

Lat: 39.796070Long: -103.666370Reference Point: SE

Other: _____

Length: 100Width: 100**Lining:**

Liner Type:

Liner Condition:

Comment:

Corrective Action

Date: c**Fencing:**Fencing Type: LivestockFencing Condition: Adequate

Comment:

Corrective Action

Date:

Netting:

Netting Type:

Netting Condition:

Comment:

Corrective Action

Date:

Anchor Trench Present:

Oil Accumulation: NO2+ feet Freeboard: YESComment: dry, control weeds on pit

Corrective Action

Date:

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

Document Num	Description	URL
673714487	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4020648
673714512	Ward State 1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4016936