

**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:
01/18/2017
Submitted Date:
01/25/2017
Document Number:
673714799

FIELD INSPECTION FORM

Loc ID 436974 Inspector Name: Sherman, Susan On-Site Inspection 2A Doc Num: _____

Status Summary:

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

Operator Information:

OGCC Operator Number: 96340
Name of Operator: WIEPKING-FULLERTON ENERGY LLC
Address: 4600 S DOWNING ST
City: ENGLEWOOD State: CO Zip: 80113

Findings:

22 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

| Contact Name | Phone | Email | Comment |
|----------------|----------------|--------------------------|---------------------------------|
| Shalberg, Greg | (719) 688-3547 | gregshalberg@aol.com | |
| Halde, Kerry | (719) 340-0329 | haldesand@centurytel.net | All Inspections |
| Boone, Linda | (720) 271-8605 | LDBoonePar@aol.com | All Inspections |
| Herian, Tim | (316) 655-9200 | therian1@cox.net | All Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|
| 436975 | WELL | PR | 07/15/2014 | OW | 073-06603 | GAEDE A9S-55W-05-43 | PR |

General Comment:

(This area is intentionally left blank for general comments.)

Location

Overall Good:

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

| | | | |
|---------------------------|--------------|-------|-------|
| Emergency Contact Number: | | | |
| Comment: | 719-688-3547 | | |
| Corrective Action: | | Date: | _____ |

| Good Housekeeping: | | | |
|---------------------------|--|-------|--|
| Type | OTHER | | |
| Comment: | Stained gravel inside of tank battery metal, lined berms around crude oil and produced water tanks (see attached photo). | | |
| Corrective Action: | | Date: | |

Overall Good:

| Spills: | | | |
|----------------|------|--------|--|
| Type | Area | Volume | |
| | | | |

In Containment: No

Comment: _____

Multiple Spills and Releases?

| Fencing/: | | | |
|--------------------|----------------------------------|-------|--|
| Type | LOCATION | | |
| Comment: | barbed wire around well location | | |
| Corrective Action: | | Date: | |
| Type | PUMP JACK | | |
| Comment: | wire mesh panels | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | steel panels | | |
| Corrective Action: | | Date: | |

| Equipment: | | | corrective date |
|-------------------------------|---|--|-----------------|
| Type: Flare | # 2 | | |
| Comment: | open/pipe, not on | | |
| Corrective Action: | | | Date: |
| Type: Gas Meter Run | # 3 | | |
| Comment: | sheds, two being used, solar panel | | |
| Corrective Action: | | | Date: |
| Type: Ancillary equipment | # | | |
| Comment: | solar panel, chemical container, propane tank at wellhead | | |
| Corrective Action: | | | Date: |
| Type: Prime Mover | # 1 | | |
| Comment: | propane | | |
| Corrective Action: | | | Date: |
| Type: Bird Protectors | # 4 | | |
| Comment: | ECD and treaters | | |
| Corrective Action: | | | Date: |
| Type: Vertical Heater Treater | # 3 | | |
| Comment: | 2 being used, metal berms, lined | | |
| Corrective Action: | | | Date: |
| Type: Pump Jack | # 1 | | |
| Comment: | concrete pad | | |
| Corrective Action: | | | Date: |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS | |
|--------------------|---|----------|----------------|---------|--------|-------|
| PRODUCED WATER | 2 | 400 BBLs | FIBERGLASS AST | | , | |
| Comment: | | | | | | |
| 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 | 4 | 400 BBLs | STEEL AST | | , | |
| Comment: | | | | | | |

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

Paint

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

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate |
| Comment: lined | | | | |
| Corrective Action: | | | | Date: |

Venting:

| | | | |
|--------------------|----------|--|-------|
| Yes/No | NO | | |
| Comment: | pilot on | | |
| Corrective Action: | | | Date: |

Flaring:

| | | | |
|--------------------|--|--|-------|
| Type | | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Location Construction

Location ID: 436975 CDP: _____

Comment: _____

Corrective Action: _____

Date: _____

Form 2A COAs:

Comment: Well location is fenced per landowner request.

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: 436975 Type: WELL API Number: 073-06603 Status: PR Insp. Status: PR

Producing Well

Comment: [PR. Nov 2016 reported to COGCC database.](#)

Corrective Action:

Date:

Reclamation - Storm Water - Pit

Interim Reclamation:

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

Land Use: RANGELAND

Comment: _____

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING _____ Pass _____

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? _____

Comment _____

Corrective Action _____ Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass
 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 REVEGETATION

Cropland

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: RANGELAND

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 |
|------------------|-----------------|-------------------------|-----------------------|--|--------------------------|------------------------------|
| | | Ditches | Pass | | | |
| Gravel | Pass | Gravel | Pass | | | |
| Other | Pass | Other | Pass | | | vegetation and cattle guards |
| Compaction | Pass | Compaction | Pass | Material Handling And Spill Prevention | Pass | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

