

**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:

02/16/2017

Submitted Date:

02/16/2017

Document Number:

673714896**FIELD INSPECTION FORM**

Loc ID 316969 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 47085Name of Operator: KESTREL RESOURCES INCAddress: 2602 MCKINNEY AVE STE 400City: DALLAS State: TX Zip: 75204**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, Amy	(214) 871-0999 X121	award@petrocap.com	
Young, Rob		rob.young@state.co.us	COGCC EPS
Kreick, Philip	(214) 383-7361	pkreick@petrocap.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
233596	WELL	PR	09/01/2015	OW	121-05650	WARD KINCHELOE 1	PR

General Comment:

LocationOverall Good: ☒

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

Emergency Contact Number:

Comment: 214-871-0999

Corrective Action:

Date: _____

Overall Good: ☐

Spills:			
Type	Area	Volume	
PW/CO	WELLHEAD	>= 5 bbls	
Comment:	1-2 BBLS of PW, chemical and oil outside of containment		
Corrective Action:	Control and contain spills/releases and clean up per Rule 906a. Contact COGCC EPS. 24 hours to remove free liquids, 24 hours for notification and 72 hours for initial Form 19 report and 30 days for stained soil removal.		Date: 02/17/2017

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Pump Jack	# 1		
Comment:	gear box leak (see attached photo)		
Corrective Action:		Date:	
Type: Vertical Heated Separator	# 1		
Comment:	shed, concrete pad, propane, bermed		
Corrective Action:		Date:	
Type: Ancillary equipment	# 2		
Comment:	chemical containers at wellhead		
Corrective Action:		Date:	
Type: Bird Protectors	# 1		

Comment:	on VHS	Date:	
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	electric motor, 2 REA poles, electric panel	Date:	
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	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
Comment:	same berms as 300 bbl PW tank			
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST		,
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	Tank ID	SE GPS
CRUDE OIL	2	300 BBLS	HEATED STEEL AST		,
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate
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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: 233596 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:	233596	Type:	WELL	API Number:	121-05650	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR. Dec 2016 reported to COGCC database.								
Corrective Action:				Date:					

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

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

Land Use: _____

Comment: dryland**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
Compaction	Pass	Compaction	Pass	Material Handling And Spill Prevention	In Process	
Gravel	Pass	Gravel	Pass			

Comment: Two chemical containers at wellhead, WT #922 leaked on ground when hose became unattached. Pumper fixed connection right away.

Corrective Action:

Date: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Type: Produced Water

Lined: NO

Pit ID: _____

Lat: _____

Long: _____

Reference Point: _____

Other: _____

Length: _____

Width: _____

Lining:

Liner Type: _____

Liner Condition: _____

Comment: _____

Corrective Action

Date: g

Fencing:

Fencing Type: None

Fencing Condition: _____

Comment: _____

Corrective Action

Date: _____

Netting:

Netting Type: _____

Netting Condition: _____

Comment: _____

Corrective Action

Date: _____

Anchor Trench Present: _____

Oil Accumulation: YES

2+ feet Freeboard: YES

Comment: free oil on east side of pit

Corrective Action

Remove free liquids from pit within 24 hours. Operator contacted on 2/16/2016 and crew is on the way.

Date: 02/17/2017

Type: Produced Water

Lined: YES

Pit ID: _____

Lat: _____

Long: _____

Reference Point: _____

Other: _____

Length: _____

Width: _____

Lining:

Liner Type: Plastic

Liner Condition: Adequate

Comment: east side of pit lined

Corrective Action

Date: g

Fencing:

Fencing Type: Panel

Fencing Condition: Adequate

Comment: to keep antelope out

Corrective Action

Date: _____

Netting:

Netting Type:	Netting Condition:	
Comment:		
Corrective Action		Date:
Anchor Trench Present:	Oil Accumulation: <u>NO</u>	2+ feet Freeboard: <u>YES</u>
Comment:	pit dry, south pit	
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
673714902	Kestrel Ward Kincheloe 1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4078104