

**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:

06/29/2017

Submitted Date:

06/30/2017

Document Number:

673715673**FIELD INSPECTION FORM**

Loc ID 320694 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 19035Name of Operator: OVERLAND RESOURCES LLCAddress: SUITE C18 PMB 440City: GREENWOOD State: CO Zip: 80121**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
Pandolfo, Chris	(650) 387-6506	cpandolfo@gmail.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
204484	WELL	PR	06/01/2012	OW	005-06569	Cox #1-A 05-005-06569	EG

General Comment:

2017 Flowline NTO Inspection 1000' Buffer
Shadowing Operator Pressure Testing Team

LocationOverall Good: ☒**Signs/Marker:**

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

Emergency Contact Number:

Comment: 970-395-7641

Corrective Action:

Date: _____

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 204484 Type: WELL API Number: 005-06569 Status: PR Insp. Status: EG

Idle Well

Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____

Comment: Shut in since Mar 2013. Contact COGCC Engineering.

Corrective Action: _____ Date: _____

Flowline

#1	Type: Well Site	of Lines
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Flowline Description

Flowline Type: Well Site Size: 2" Material: Carbon Steel

Variance: _____ Age: _____ Contents: _____

Integrity Summary

Failures: _____ Spills: _____ Repairs Made: _____

Coatings: _____ H2S: _____ Cathodic Protection: _____

Pressure Testing

Witnessed: Yes Test Result: Pass Charted: No

COGCC Rules(check all that apply)

☐ 1101. Installation and Reclamation ☒ 1102. Operations, Maintenance, and Repair ☐ 1103. Abandonment

Comment: Flowline test from well to treater. 0 psi prior to test.

0 min 39 psi
5 min 38 psi
10 min 37 psi
15 min 37 psi
0 psi after test

Corrective Action: _____ Date: _____

#1	Type: Well Site	of Lines
----	-----------------	----------

Flowline Description

Flowline Type: Well Site Size: 2" Material: Carbon Steel

Variance: _____ Age: _____ Contents: _____

Integrity Summary

Failures: _____ Spills: _____ Repairs Made: _____

Coatings: _____ H2S: _____ Cathodic Protection: _____

Pressure Testing

Witnessed: Yes Test Result: Pass Charted: No

COGCC Rules(check all that apply)

☐ 1101. Installation and Reclamation ☒ 1102. Operations, Maintenance, and Repair ☐ 1103. Abandonment

Comment: Flowline test from well to treater. 0 psi prior to test.

0 min 39 psi
5 min 38 psi
10 min 37 psi
15 min 37 psi
0 psi after test

Corrective Action: _____ Date: _____

#2	Type:Sales Line	of Lines	
<u>Flowline Description</u>			
Flowline Type: <u>Sales Line</u>		Size: <u>2"</u>	Material: <u>Carbon Steel</u>
Variance:		Age:	Contents:
<u>Integrity Summary</u>			
Failures:		Spills:	Repairs Made:
Coatings:		H2S:	Cathodic Protection:
<u>Pressure Testing</u>			
Witnessed: <u>Yes</u>		Test Result:	Charted: <u>No</u>
<u>COGCC Rules(check all that apply)</u>			
<input type="checkbox"/> 1101. Installation and Reclamation <input checked="" type="checkbox"/> 1102. Operations, Maintenance, and Repair <input type="checkbox"/> 1103. Abandonment			
Comment: Flowline test from treater to gas meter line (no gas meter on location). 0 psi prior to test. 0 min 17 psi 5 min 15 psi 10 min 15 psi 15 min 15 psi 0 psi after test			
Corrective Action:		Date:	

#2	Type:Sales Line	of Lines	
<u>Flowline Description</u>			
Flowline Type: <u>Sales Line</u>		Size: <u>2"</u>	Material: <u>Carbon Steel</u>
Variance:		Age:	Contents:
<u>Integrity Summary</u>			
Failures:		Spills:	Repairs Made:
Coatings:		H2S:	Cathodic Protection:
<u>Pressure Testing</u>			
Witnessed: <u>Yes</u>		Test Result:	Charted: <u>No</u>
<u>COGCC Rules(check all that apply)</u>			
<input type="checkbox"/> 1101. Installation and Reclamation <input checked="" type="checkbox"/> 1102. Operations, Maintenance, and Repair <input type="checkbox"/> 1103. Abandonment			
Comment: Flowline test from treater to gas meter line (no gas meter on location). 0 psi prior to test. 0 min 17 psi 5 min 15 psi 10 min 15 psi 15 min 15 psi 0 psi after test			
Corrective Action:		Date:	

#3	Type:Dump Line	of Lines	
<u>Flowline Description</u>			
Flowline Type: <u>Dump Line</u>		Size: <u>2"</u>	Material: <u>Carbon Steel</u>
Variance:		Age:	Contents:
<u>Integrity Summary</u>			
Failures:		Spills:	Repairs Made:
Coatings:		H2S:	Cathodic Protection:
<u>Pressure Testing</u>			

Witnessed: YesTest Result: PassCharted: NoCOGCC Rules(check all that apply)☐ 1101. Installation and Reclamation☒ 1102. Operations, Maintenance, and Repair☐ 1103. AbandonmentComment: Flowline test from treater to hot oil line. 0 psi prior to test.0 min 22 psi
5 min 22 psi
10 min 22 psi
15 min 22 psi
0 psi after test

Corrective Action:

Date:

#3 Type: Dump Line

of Lines

Flowline DescriptionFlowline Type: Dump LineSize: 2"Material: Carbon Steel

Variance:

Age:

Contents:

Integrity Summary

Failures:

Spills:

Repairs Made:

Coatings:

H2S:

Cathodic Protection:

Pressure TestingWitnessed: YesTest Result: PassCharted: NoCOGCC Rules(check all that apply)☐ 1101. Installation and Reclamation☒ 1102. Operations, Maintenance, and Repair☐ 1103. AbandonmentComment: Flowline test from treater to hot oil line. 0 psi prior to test.0 min 22 psi
5 min 22 psi
10 min 22 psi
15 min 22 psi
0 psi after test

Corrective Action:

Date:

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

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

Land Use: _____

Comment: house is 324' north of well**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? _____

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? _____

Comment _____

Corrective Action _____

Date _____

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

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? _____

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 ☐

Attached Documents

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

Document Num	Description	URL
401327955	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4186823
673715683	Overland Cox #1-A 05-005 -06569	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4186809