

**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:

09/27/2017

Submitted Date:

10/02/2017

Document Number:

688300358**FIELD INSPECTION FORM**

Loc ID      Inspector Name:      On-Site Inspection ☐  
 317396      Sherman, Susan      2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 10536Name of Operator: SMITH ENERGY LLCAddress: 1540 MAIN ST SUITE 218 #334City: WINDSOR      State: CO      Zip: 80550**Status Summary:**

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

**Findings:**9 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

| Contact Name  | Phone          | Email                | Comment |
|---------------|----------------|----------------------|---------|
| Smith, Chris  | (303) 709-6157 | smithenergy@live.com |         |
| Benish, Erick | (970) 630-5723 | Entrullc@gmail.com   |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name  | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|
| 278551      | WELL | PR     | 03/09/2010  | GW         | 121-10861 | LONGKNIF 41-31 | PR          |

**General Comment:**

**Location**Overall Good: ☐**Signs/Marker:**

|                    |                      |       |  |
|--------------------|----------------------|-------|--|
| Type               | BATTERY              |       |  |
| Comment:           |                      |       |  |
| Corrective Action: |                      | Date: |  |
| Type               | CONTAINERS           |       |  |
| Comment:           | chemical container   |       |  |
| Corrective Action: |                      | Date: |  |
| Type               | TANK LABELS/PLACARDS |       |  |
| Comment:           |                      |       |  |
| Corrective Action: |                      | Date: |  |
| Type               | WELLHEAD             |       |  |
| Comment:           |                      |       |  |
| Corrective Action: |                      | Date: |  |

**Emergency Contact Number:**

Comment: 970-630-5723

Corrective Action:

Date: \_\_\_\_\_

Overall Good: ☐**Spills:**

|      |      |        |  |  |
|------|------|--------|--|--|
| Type | Area | Volume |  |  |
|------|------|--------|--|--|

In Containment: No

Comment:

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

|                          |  |       |                 |
|--------------------------|--|-------|-----------------|
| Type: Deadman # & Marked | # 4  |       | corrective date |
| Comment:                 |  |       |                 |
| Corrective Action:       |  | Date: |                 |
| Type: Vertical Separator | # 1  |       |                 |
| Comment:                 | buried   |       |                 |
| Corrective Action:       |  | Date: |                 |
| Type: Gas Meter Run      | # 1  |       |                 |
| Comment:                 | shed, chart, heated vertical separator   |       |                 |
| Corrective Action:       |  | Date: |                 |
| Type: Flow Line          | # 4  |       |                 |
| Comment:                 | IN USE: 1-2" and 1-1" steel riser at wellhead; 2-2" and 1-3" steel risers at battery |       |                 |
| Corrective Action:       |  | Date: |                 |

**Tanks and Berms:**

|          |   |          |      |         |        |  |
|----------|---|----------|------|---------|--------|--|
| Contents | # | Capacity | Type | Tank ID | SE GPS |  |
|----------|---|----------|------|---------|--------|--|

|   |          |                     |                     |             |       |
|---|----------|---------------------|---------------------|-------------|-------|
| PRODUCED WATER                                    | 1        | <50 BBLs            | PLASTIC AST         |             |       |
| Comment: bird protector cover blown off (replace) |          |                     |                     |             |       |
| Corrective Action:                                |          |                     |                     |             | Date: |
| <b>Paint</b>                                      |          |                     |                     |             |       |
| Condition   |          |                     |                     |             |       |
| Other (Content)                                   |          |                     |                     |             |       |
| Other (Capacity)                                  | 15 BBLs  |                     |                     |             |       |
| Other (Type)                                      |          |                     |                     |             |       |
| <b>Berms</b>                                      |          |                     |                     |             |       |
| Type  | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |       |
| Earth   | Adequate | Walls Sufficient    | Base Sufficient     | Adequate    |       |
| Comment:  |          |                     |                     |             |       |
| Corrective Action:                                |          |                     |                     |             | Date: |
| <b>Venting:</b>                                   |          |                     |                     |             |       |
| Yes/No  |          |                     |                     |             |       |
| Comment:  |          |                     |                     |             |       |
| Corrective Action:                                |          |                     |                     |             | Date: |
| <b>Flaring:</b>                                   |          |                     |                     |             |       |
| Type  |          |                     |                     |             |       |
| Comment:  |          |                     |                     |             |       |
| Corrective Action:                                |          |                     |                     |             | Date: |

### Location Construction

Location ID: 278551 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:         | 278551  | Type: | WELL | API Number: | 121-10861 | Status: | PR | Insp. Status: | PR |
| Producing Well       |   |       |      |             |           |         |    |               |    |
| Comment:             | Casing production. Jul 2017 reported to COGCC database. |       |      |             |           |         |    |               |    |
| Corrective Action:   |   |       |      | Date:       |           |         |    |               |    |

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

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: \_\_\_\_\_

Comment: [CRP](#)**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 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: \_\_\_\_\_

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            |                         |                       | Material Handling And Spill Prevention | Pass                     |         |

Comment:

Corrective Action:

Date: \_\_\_\_\_

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

Pit ID:

Lat:

Long:

Reference Point: \_\_\_\_\_

Other: \_\_\_\_\_

Length: \_\_\_\_\_

Width: \_\_\_\_\_

**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: NO2+ feet Freeboard: YES

Comment:

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   |
|--------------|-----------------------|---|
| 688300400    | Smith Longknife 41-31 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4265029">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4265029</a> |