

**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:

02/08/2018

Submitted Date:

02/13/2018

Document Number:

688301163**FIELD INSPECTION FORM**
 Loc ID 311869 Inspector Name: Sherman, Susan On-Site Inspection ☐ 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:16 Number of Comments3 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Ward, Randy	(308) 280-0100	randy@wardoil.com	
Leonard, Mike		mike.leonard@state.co.us	
Young, Rob		rob.young@state.co.us	

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:

Routine Inspection. Previous Environmental Inspection required a Form 27 that is not in the COGCC system. Previous field inspection documented a valve leak and stained soil at wellhead.

Location

Overall Good: ☒

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

Emergency Contact Number:

Comment: 308-280-0100

Corrective Action:

Date: _____

Good Housekeeping:

Type	OTHER		
Comment:	Tank valve leaks, wellhead pipe leak, gear box leak, treater fire tube leak (see attached photos).		
Corrective Action:	Comply with Rule 605.d.	Date:	03/13/2018

Overall Good: ☐

Spills:			
Type	Area	Volume	
Crude Oil	WELLHEAD	<= 1 bbl	
Comment:	Stained soil at well head and treater.		
Corrective Action:	Properly treat or dispose of oily waste in accordance with Rule 907.e. Contact area COGCC EPS.		Date: 02/14/2018

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	TANK BATTERY		
Comment:	including treater, barbed wire		
Corrective Action:		Date:	
Type	PUMP JACK		
Comment:	steel mesh		
Corrective Action:		Date:	

Type	WELLHEAD		
Comment:	cattle wire panels		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	electric motor, electric panel		
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:	chemical container		
Corrective Action:		Date:	
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:		Date:	
Type: Vertical Heater Treater	# 1		
Comment:	shed, on concrete, fire tube bolts leaking oil onto concrete (see attached photos)		
Corrective Action:		Date:	

Tanks and Berms:

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

Paint

Condition	
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	300 BBLS	STEEL AST		,
Comment:					
Corrective Action:	Date:				

Paint

Condition	
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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: 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. Nov 2017 production reported to COGCC database.								
Corrective Action:								Date:	

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

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

Land Use: _____

Comment: pasture/hay field**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 ☐

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	Pass	
Gravel	Pass	Gravel	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: 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 pit/injection well in the field

Corrective Action: _____

Date: _____

Type: Skimming/SettlingLined: NO

Pit ID: _____

Lat: _____

Long: _____

Reference Point: _____

Other: _____

Length: _____

Width: _____

Lining:

Liner Type: _____

Liner Condition: _____

Comment: _____

Corrective Action: _____

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

Comment: _____

Corrective Action: _____

Date: _____

Netting:Netting Type: Metal Grid

Netting Condition: _____

Inspector Name: Sherman, Susan

Comment:		Date:
Corrective Action		
Anchor Trench Present:	Oil Accumulation: <u>YES</u>	2+ feet Freeboard:
Comment:	No Form 27 for unlined skim pit remediation.	
Corrective Action	Contact COGCC EPS.	Date: <u>02/20/2018</u>

Attached Documents

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

Document Num	Description	URL
688301193	Ward State 1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4377346