

**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:

05/24/2019

Submitted Date:

05/28/2019

Document Number:

688304708**FIELD INSPECTION FORM**

Loc ID 317121 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:14 Number of Comments2 Number of Corrective Actions☒ Corrective Action Response Requested

**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE**

Contact Information:

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

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 236505 | WELL | SI | 01/01/2019 | OW | 121-08995 | BLOMENKAMP 2 | SI |

General Comment:Reinspection

Leak reported on NE corner of NE pit and operator was required to contact COGCC EPS. Recent photo shows no leak from that corner of the pit. Animal hole on south side of pit was repaired.

Spill on 5/15/2019 reported on Form 19I #402032731. Follow that form's requirements also.

LocationOverall Good: ☐

| | | | |
|----------------------|--|-------|--|
| Signs/Marker: | | | |
| Type | CONTAINERS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | check labels on tan fiberglass produced water tank | | |
| Corrective Action: | | Date: | |
| Type | BATTERY | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment: 308-280-0100

Corrective Action:

Date: _____

Good Housekeeping:

| | | | |
|--------------------|--|-------|------------|
| Type | UNUSED EQUIPMENT | | |
| Comment: | Skim pit cover that is south of treater needs to be removed. | | |
| Corrective Action: | Comply with Rule 603.f . | Date: | 08/28/2019 |

Overall Good: ☐

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

In Containment: No

Comment:

☐ Multiple Spills and Releases?

| | | | |
|--------------------|--------------------|-------|--|
| Fencing/: | | | |
| Type | WELLHEAD | | |
| Comment: | cattle wire panels | | |
| Corrective Action: | | Date: | |
| Type | PUMP JACK | | |
| Comment: | steel mesh panels | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------------|-----|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|-------------------------------|-----------------------|--|-------|
| Type: Vertical Heater Treater | # | | |
| Comment: | propane, shed, bermed | | |
| Corrective Action: | | | Date: |
| Type: Pump Jack | # 1 | | |
| Comment: | 2 chemical containers | | |
| Corrective Action: | | | Date: |
| Type: Prime Mover | # 1 | | |
| Comment: | electric motor | | |
| Corrective Action: | | | Date: |

Tanks and Berms:

| | | | | | | |
|--------------------|---|----------|------|---------|--------|-------|
| Contents | # | Capacity | Type | Tank ID | SE GPS | |
| PRODUCED WATER | 1 | 300 BBLS | | | , | |
| Comment: | tank had leak in the bottom (see attached photo), tank removed from service | | | | | |
| Corrective Action: | | | | | | Date: |

Paint

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

Berms

| | | | | | | |
|--------------------|----------|---------------------|---------------------|-------------|--------|--|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | | |
| | | | | | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |
| Contents | # | Capacity | Type | Tank ID | SE GPS | |
| PRODUCED WATER | 1 | 200 BBLS | FIBERGLASS AST | | , | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |

Paint

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

Berms

| | | | | | | |
|--------------------|----------|---------------------|---------------------|-------------|--------|--|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | | |
| Earth | Adequate | | | | | |
| Comment: | | | | | | |
| Corrective Action: | | | | | Date: | |
| Contents | # | Capacity | Type | Tank ID | SE GPS | |
| CRUDE OIL | 2 | 300 BBLS | STEEL AST | | , | |

| | | |
|--------------------|------------------|-------|
| Comment: | one enardo valve | |
| Corrective Action: | | Date: |

Paint

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

Berms

| | | | | |
|--------------------|--|---------------------|---------------------|------------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | Inadequate |
| Comment: | Animal hole on east side of tanks. | | | |
| Corrective Action: | Repair or install berms or other secondary containment devices per Rule 605.a.(4). | | | Date: 06/28/2019 |

Venting:

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

Flaring:

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

Location Construction

Location ID: 236505 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 FacilitiesFacility ID: 236505 Type: WELL API Number: 121-08995 Status: SI Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: _____

Comment: SI Jan and Feb 2018 per COGCC database and SI for tank spill (document #402032731).Corrective Action:

Date: _____

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

| Document Num | Description | URL |
|--------------|--------------------------|---|
| 688304711 | Ward & Son, Blumenkamp 2 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4833836 |