

**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:

06/20/2019

Submitted Date:

06/23/2019

Document Number:

688304975

**FIELD INSPECTION FORM**

Loc ID 311872 Inspector Name: Sherman, Susan On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Status Summary:**

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

**Operator Information:**

OGCC Operator Number: 76840  
Name of Operator: SCHNEIDER ENERGY SERVICES INC  
Address: P O BOX 889  
City: FORT MORGAN State: CO Zip: 80701

**Findings:**

- 9 Number of Comments
- 2 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
Schneider, Jeff	(970) 867-9437	jeff@schneiderenergy.com	
Bothwell, Kevin	(970) 867-9437	kbothwell@schneideroilandgas.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
235775	WELL	PR	05/30/1969	OW	121-08265	LOUIS J GEBAUER 1-23	PR

**General Comment:**

*(This area is currently blank for general comments.)*

**Location**

Overall Good:

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

Emergency Contact Number:			
Comment:	<u>970-370-2944</u>		
Corrective Action:		Date:	_____

<b>Good Housekeeping:</b>			
Type	OTHER		
Comment:	Stained soil at wellhead from stuffing box and oil leak from north tank (see attached photos).		
Corrective Action:	"For localized spotting of oily waste - ""Properly treat or dispose of oily waste in accordance with 907.e."" 30 days to clean up. Clean up free oil at tank within 24 hours.		Date: <u>06/25/2019</u>
Type			
Comment:			
Corrective Action:		Date:	

Overall Good:

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment: \_\_\_\_\_

Multiple Spills and Releases?

<b>Equipment:</b>			corrective date
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:		Date:	
Type: FWKO	# 1		

Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment: electric			
Corrective Action:			Date:
Type: Vertical Heater Treater	# 1		
Comment: shed, bermed, propane			
Corrective Action:			Date:
Type: Pump Jack	# 1		
Comment:			
Corrective Action:			Date:

**Venting:**

Yes/No			
Comment:			
Corrective Action:			Date:

**Flaring:**

Type			
Comment:			
Corrective Action:			Date:

**Location Construction**

Location ID: 235775 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: 235775 Type: WELL API Number: 121-08265 Status: PR Insp. Status: PR

**Producing Well**

Comment: [PR. Fevb 2019 production last reported to COGCC database.](#)

Corrective Action:

Date:

