

**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:

12/11/2019

Submitted Date:

12/11/2019

Document Number:

688306485**FIELD INSPECTION FORM**Loc ID 320704 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 76175Name of Operator: SANDLIN OIL CORPAddress: 1580 LINCOLN ST SUITE 580City: DENVER State: CO Zip: 80203**Status Summary:**

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

Findings:10 Number of Comments1 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
Chesson, Robert		robert.chesson@state.co.us	
MacLaren, Joe		joe.maclaren@state.co.us	
Crowner, Linda		ljcsandlin@aol.com	Designated Agent
Sandlin, Kathie	(303) 292-3313	sandlinoilcorporation@gmail.com	Principal Agent
Paine, Gilbert	(303) 709-0148	cherokeeequipment@hotmail.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
204561	WELL	PR	05/01/2018	OW	005-06646	TIPPET-CARLSON 1	PR

General Comment:[Flowline/Spill Inspection](#)[Inspector contacted pumper to complete a Form 19 on 12/11/2019.](#)

Location

Overall 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: 303-709-0148

Corrective Action:

Date: _____

Overall Good: ☐**Spills:**

Type	Area	Volume		
PW/CO	Flow Line	>= 5 bbls		
Comment:	Flowline leak at recirc pump next to treater inside berms. Approximately 25 bbls of oil and produced water recovered by vac truck (see attached photos). Well is shut in.			
Corrective Action:	Report spill or release of E&P waste or produced fluids on initial Form 19 within 72 hrs. Remove free fluids with 24 hours (being done at time of inspection) and contact COGCC EPS staff per Rule 906.b.			Date: 12/16/2019

In Containment: Yes

Comment:

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

Type: Bradenhead	# 1		corrective date
Comment:	Well excavated to test bradenhead per pumper (see attached photos). Bradenhead was dead and a Form 17 will be submitted by operator.		
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:	not in operation, no gas produced		
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 2		
Comment:			
Corrective Action:		Date:	

Type: Deadman # & Marked	# 4	
Comment:		
Corrective Action:		Date:
Type: Vertical Heater Treater	# 1	
Comment:		
Corrective Action:		Date:
Type: Prime Mover	# 1	
Comment:		
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	3	300 BBLs	STEEL AST		,
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
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	NO	
Comment:		
Corrective Action:		Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Location Construction

Location ID: 204561 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:	204561	Type:	WELL	API Number:	005-06646	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR. Jul 2019 production last reported to COGCC databas. Update Form 7's.								
Corrective Action:								Date:	

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

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PITType: Skimming/SettlingLined: YESPit ID: Lat: Long: Reference Point: Other: Length: Width: **Lining:**Liner Type: HDPELiner Condition: AdequateComment: Corrective Action: Date: **Fencing:**Fencing Type: NoneFencing Condition: Comment: in crop fieldCorrective Action: Date: **Netting:**Netting Type: MeshNetting Condition: GoodComment: Corrective Action: Date: Anchor Trench Present: Oil Accumulation: NO2+ feet Freeboard: YESComment: 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
402260882	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5011214
688306486	Sandline Tippet-Carlson 1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5011213