

**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:

03/12/2020

Submitted Date:

03/13/2020

Document Number:

688307266

FIELD INSPECTION FORM
 Loc ID 322143 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num:
Operator Information:

OGCC Operator Number: 10695

Name of Operator: BEHRENS RESOURCES INC

Address: PO BOX 188

City: DEER TRAIL State: CO Zip: 80135

Status Summary:

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

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
Behrens, Vic	(303) 810-6382	behrens@netecin.net	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
209243	WELL	SI	05/01/2018	OW	039-06147	CLARK 13-18	PR

General Comment:

Routine Inspection

Form 4 request to VENT_FLARE was denied on 3/2/2020: 1732597 04 -00 -VENT_FLARE-H2S DENIED 08/20/2019.

LocationOverall Good: ☒

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:	no labels on tanks		
Corrective Action:	Install sign to comply with Rule 210.d.	Date:	04/14/2020
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 970-395-7641

Corrective Action:

Date: _____

Good Housekeeping:

Type	OTHER		
Comment:	Stained soil at pumping unit engine and at north oil tank (see attached photos).		
Corrective Action:	For localized stained soils or oily waste - Properly treat or dispose of oily waste in accordance with 907.e.	Date:	04/14/2020

Overall Good: ☐

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	PUMP JACK		
Comment:			
Corrective Action:		Date:	

Equipment:			corrective date
Type: Emission Control Device	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 1		

Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 0		
Comment:	risers still on location		
Corrective Action:		Date:	
Type: Vertical Heater Treater	# 1		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<100 BBLS	FIBERGLASS AST		,
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:	same berms as 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	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Inspector Name: Sherman, Susan

Earth	Adequate				
Comment:	maintain east side soon				
Corrective Action:					Date:

Venting:

Yes/No	YES		
Comment:			
Corrective Action:			Date:

Flaring:

Type			
Comment:			
Corrective Action:			Date:

Location Construction

Location ID: 209243 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:

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Summary of Operator Response to Landowner Issues:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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Inspected FacilitiesFacility ID: 209243 Type: WELL API Number: 039-06147 Status: SI Insp. Status: PR**Producing Well**Comment: [Producing at time of inspection.](#)

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
688307292	Behrens Resources Clark 13-18	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5096219