



2013 Flood Facilities

Return to Service Compliance Plan

Facility Name: Sophie #1  
 Legals: Qtr: SWSW Section: 24 Township: 4N Range: 67W County: Weld  
 API Number: 123-19982  
 Inspected by: Ryan Hawkins  
 Level 1 or 2: (3)

Wellhead

- Wellhead Sign Present Yes  No
- Conducted Pressure Test on Casing and Tubing Values Yes  No

Notes:

- Confirmed Master Telemetry Equipment is Functioning Yes  No

Notes:

- Master Valves Inspected and Cycled Yes  No

Notes:

Flowlines

- Conducted Clean / Flush / Pressure Test on Flowlines Yes  No

Well Name _____	Pressure Test Results (to max operating pressure)	Pass	<input checked="" type="checkbox"/>	Fail	<input type="checkbox"/>
Well Name _____	Pressure Test Results (to max operating pressure)	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>
Well Name _____	Pressure Test Results (to max operating pressure)	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>
Well Name _____	Pressure Test Results (to max operating pressure)	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>

\* Attach Additional Flowline Pressure Test Results as Needed  
 \*\* Attach Additional Pages for Re-Test Results on Failed Flowlines

Production Tanks

- Tank Stabilized Yes  No
- Inspected Valves and Piping on Drain Yes  No
- Inspected Inlet and Tank Load Valves Yes  No
- Conducted Pressure Test on Oil Dump Line(s) Pass  Fail

For Failed Tests - Describe Repair Measures Here:

\* Attach Additional Dump Line Pressure Test Results as Needed  
 \*\* Attach Additional Pages for Re-Test Results on Failed Dump Lines

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- Ensure the Following Labels are Present and Legible from 100 feet

Name of Operator	<input checked="" type="checkbox"/>	Tank Capacity	<input checked="" type="checkbox"/>	NFPA Label	<input checked="" type="checkbox"/>
Operator Emergency Contact Number	<input checked="" type="checkbox"/>	Tank Contents	<input checked="" type="checkbox"/>		

- Conducted Integrity Test on Buried/Partially Buried Vessels

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
Vessel ID _____	Pass	<input checked="" type="checkbox"/>	Fail	<input type="checkbox"/>
Vessel ID _____	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>

For Failed Tests -  
Describe Repair Measures Here:

\* Attach Additional Vessel Integrity Tests as Needed  
\*\* Attach Additional Pages for Re-Test Results on Failed Vessel Integrity

**Repair to Secondary Containment**

- Facility Sign Present	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
- Safely Removed Debris and Ensured Unrestricted Access	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
- Repair to Equipment Fencing Required	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Notes:

- Stormwater Management BMPs Installed	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Notes:



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#### Separator Stabilization

- Separator Stabilized Yes  No

- Inspect the Following:

Regulators  High/Low Valves  Debris on Fire Tubes   
Inlet/Outlet to Meter Connection  Debris on Flame Arrestors

- Conducted Pressure Test on Separator Pass  Fail

\* Attach Additional Separator/Heater Treater Pressure Test Results as Needed

\*\* Attach Additional Pages for Re-Test Results on Failed Separator/Heater Treater

- NFPA Hazard Diamond Label Present Yes  No

#### Emission Control Device Stabilization

- ECD Stabilized Yes  No

- Inspect the Following:

Pilot Light(s)  Flame Arrestor  Ignition Control Equipment

- Clear Line from Production Tanks to ECD Yes  No

Notes:

