

FORM INSP
Rev 05/11

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Inspection Date:
09/29/2014

Document Number:
673706718

Overall Inspection:

ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>237835</u>	<u>317288</u>	<u>Sherman, Susan</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>27635</u>
Name of Operator:	<u>ENERGY SEARCH COMPANY</u>
Address:	<u>PO BOX 1896</u>
City:	<u>EDWARDS</u> State: <u>CO</u> Zip: <u>81632</u>

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED
- INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Marisco, Joe	(303) 320-6546	joemarisco@yahoo.com	
Ikenouye, Teri	(303) 894-2100 x5128	teri.ikenouye@state.co.us	COGCC Production
Roebuck, Don	(303) 320-6546	don_roebuck@msn.com	

Compliance Summary:

QtrQtr: SENE Sec: 28 Twp: 2N Range: 53W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/13/2008	200126985	PR	PR	SATISFACTORY			No
09/29/2004	200060977	PR	PR	SATISFACTORY		Pass	No
05/28/2003	200039691	PR	PR	SATISFACTORY		Pass	No
05/18/2001	851527	ES	PR	SATISFACTORY		Pass	No
07/19/2000	851528	ES	PR	ACTION REQUIRED		Fail	Yes
08/31/1999	873043	PR	PR	ACTION REQUIRED		Fail	Yes

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
102671	PIT	AC	05/22/2001		-	FASSLER 42-28	AC <input type="checkbox"/>
237835	WELL	PR	09/02/2014	OW	121-10338	FASSLER 42-28	PR <input checked="" type="checkbox"/>

Equipment:

Location Inventory

--

Inspector Name: Sherman, Susan

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	ACTION REQUIRED	Skim vault not labeled.	Install sign to comply with rule 210.	11/03/2014
CONTAINERS	SATISFACTORY			

Emergency Contact Number (S/A/V): ACTION Corrective Date: 11/03/2014

Comment: **Number is out of service. Pumper will put his number on the sign.**

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TRASH	ACTION REQUIRED	wire at tank battery	Pickup debris.	11/03/2014

Spills:

Type	Area	Volume	Corrective action	CA Date
Crude Oil	WELLHEAD	<= 5 bbls	Historic oil (see attached photo).	10/10/2014

Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK BATTERY	SATISFACTORY	barbed wire		
OTHER	SATISFACTORY	treater, vault, pit, hog panels		
WELLHEAD	SATISFACTORY	barded wire		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Pump Jack	1	SATISFACTORY			
Deadman # & Marked	4	SATISFACTORY			
Bird Protectors	2	SATISFACTORY	treater		
Ancillary equipment	5	SATISFACTORY	well house, treater house, 2 chemical containers, propane tank		

Inspector Name: Sherman, Susan

Vertical Heater Treater	1	SATISFACTORY	berms need maintenance would flow down to pit 40.11397, -103.30552		
Prime Mover	1	SATISFACTORY	electric		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	PBV CONCRETE	,

S/A/V: _____ Comment: same berms as pit

Corrective Action: _____ Corrective Date: _____

Paint

Condition _____

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action _____ Corrective Date _____

Comment _____

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	300 BBLS	STEEL AST	40.113970,-103.305530

S/A/V: SATISFACTORY Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition _____

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action _____ Corrective Date _____

Comment _____

Venting:

Yes/No	Comment

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 237835

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/A/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/A/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Stormwater:

Comment: _____

Staking:

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:

Facility

Facility ID: 237835 Type: WELL API Number: 121-10338 Status: PR Insp. Status: PR

Producing Well

Comment: Dec 2013 last reported production data in database. Update production data with COGCC Production.

309. COGCC Form 7. OPERATOR'S MONTHLY REPORT OF OPERATIONS
 a. Operators shall report all existing oil and gas wells that are not plugged and abandoned on the Operator's Monthly Report of Operations, Form 7, within 45 days after the end of each month. A well must be reported every month from the month that it is spud until it has been reported for one month as abandoned. Each formation that is completed in a well shall be reported every month from the time that it is completed until it has been abandoned and reported for one month as abandoned. All information required by the form shall be reported, including all fluids produced during the initial testing and completion of the well.
 300-22

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____
 Comment: _____
 Corrective Action: _____ Date: _____
 Reportable: _____ GPS: Lat _____ Long _____
 Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____
 Comment: _____
 Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____
 Land Use: _____
 Comment: **pasture**

1003a. Debris removed? Pass CM _____ CA _____ CA Date _____
 Waste Material Onsite? Pass CM _____ CA _____ CA Date _____
 Unused or unneeded equipment onsite? Pass CM _____ CA _____ CA Date _____
 Pit, cellars, rat holes and other bores closed? Pass CM _____ CA _____ CA Date _____
 Guy line anchors removed? _____ CM _____ CA _____ CA Date _____
 Guy line anchors marked? Pass CM _____ CA _____ CA Date _____

CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? In

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation In

1003 f. Weeds Noxious weeds? _____ I _____

Comment: _____

Overall Interim Reclamation In Process

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Well Release on Active Location Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass	MHSP	Fail	blue drum in well shed
Gravel	Pass	Gravel	Pass	SR	Pass	

S/A/V: **ACTION REQUIRED** Corrective Date: **11/03/2014**

Comment: _____

CA: **Install stormwater BMPs to prevent site degradataion.**

Pits: NO SURFACE INDICATION OF PITPit Type: Produced Water Lined: NO Pit ID: _____ Lat: 40.113340 Long: -103.305470**Lining:**

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: _____Pit (S/A/V): SATISFACTOR Comment: _____

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
673707361	Energy Search Fassler 42-28 well sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3467784
673707362	Energy Search Fassler 42-28 well shed	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3467785
673707363	Energy Search Fassler 42-28 well chemical containers	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3467786
673707364	Energy Search Fassler 42-28 wellhead	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3467787
673707365	Energy Search Fassler 42-28 bat sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3467788
673707366	Energy Search Fassler 42-28 bat tanks	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3467789
673707367	Energy Search Fassler 42-28 bat wire	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3467790
673707368	Energy Search Fassler 42-28 bat skim vault	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3467791
673707369	Energy Search Fassler 42-28 well shed blue drum	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3467792
673707370	Energy Search Fassler 42-28 bat pit	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3467793
673707371	Energy Search Fassler 42-28 bat treater bird protector	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3467794

ACTION REQUIRED

ANY ACTION REQUIRED items listed on this report indicate that the oil and gas facility or the oil and gas operations listed on the report may be in violation of the rules and regulations of the Colorado Oil and Conservation Commission (“COGCC”) and corrective action is required.

There is reasonable cause to believe that a violation of the Oil and Gas Conservation Act, or of any rule, regulation, or order of the Commission, or of any permit issued by the Commission, has occurred. The Operator’s compliance with this Inspection Report is required to resolve these alleged violations. This document requires the Operator to timely respond to the COGCC and to comply with directives as listed by the **Corrective Action Deadline Date**. Failure to do so will result in the issuance of a Notice of Alleged Violation and initiation of enforcement proceedings in which COGCC will seek monetary penalties for the alleged violations pursuant to § 34-60-121, C.R.S. and Rule 523, COGCC Rules of Practice and Procedure, 2 CCR 404-1. (Please note that the COGCC's penalty authority was recently increased to a maximum of \$15,000 per day and penalties are no longer capped at a maximum of \$10,000 per violation.)