

**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

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Inspection Date:

12/02/2014

Document Number:

667700471

Overall Inspection:

ALLEGED VIOLATION**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	214052	325120	LABOWSKIE, STEVE	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10353Name of Operator: TAYLOR* WILLIAM MAddress: 6769 MT LENEVECity: SAN JOSE State: CA Zip: 95120

- ☒ 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
Ikenouye, Teri		teri.ikenouye@state.co.us	
Gowen, Peter		peter.gowen@state.co.us	
Weems, Mark		mark.weems@state.co.us	
Labowskie, Steve		steve.labowskie@state.co.us	
Andrews, Dave		david.andrews@state.co.us	
Ash, Margaret		margaret.ash@state.co.us	

Compliance Summary:QtrQtr: NWSW Sec: 22 Twp: 33N Range: 12W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/24/2014	674900029	PR	PR	ACTION REQUIRED			No
06/24/2014	674900041	PR	PR	ACTION REQUIRED			No
01/03/2014	667700152	PR	PR	ALLEGED VIOLATION	I		Yes
05/30/2013	669400709	PR	PR	ACTION REQUIRED	I		No
01/09/2013	669400377	PR	PR	ALLEGED VIOLATION			Yes
08/17/2009	200216759	ID	SI	ACTION REQUIRED			Yes
08/12/1997	500146647	PR	PR			Pass	No
06/10/1996	500146646	PR	PR			Pass	No
09/18/1995	500146645	PR	PR				No

Inspector Comment:

IMMEDIATE ACTIONS REQUIRED: 1) STOP VENTING PRODUCTION GAS THROUGH CASING HEAD WITHOUT APPROVAL. SEE RULE 912 FOR GAS VENTING REQUIREMENTS WHICH INCLUDE REPORTING ESTIMATED VOLUMES IF WELL MUST BE VENTED. 2) REPORT PRODUCTION, LAST PRODUCTION REPORTED IN DATABASE IS MARCH 2011, WELL WAS PRODUCING AT TIME OF INSPECTION (PUMPING UNIT ACTIVE, OPERATOR CITED FOR NOT REPORTING IN PREVIOUS INSPECTIONS). 3) INSTALL VALID OPERATOR CONTACT. NUMBER ON WELLSIGN IS STILL DISCONNECTED. READ RECEIPT NEVER RECEIVED FROM LAST CERTIFIED LETTER WITH INSPECTION REPORT (JUNE 2014).

Related Facilities:

Inspector Name: LABOWSKIE, STEVE

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
115733	PIT		09/23/1999		-	SANCHEZ 3		<input type="checkbox"/>
214052	WELL	PR	01/31/2010	OW	067-05343	HALL 1	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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	SATISFACTORY EXCEPT FOR INVALID OPERATOR NUMBER, SEE BELOW		
TANK LABELS/PLACARDS	ALLEGED VIOLATION	PREVIOUS CORRECTIVE ACTION NOT PERFORMED	LABEL TANK WITH CONTENTS, CAPACITY AND NFPA PLACARD	12/09/2014

Emergency Contact Number (S/A/V): ALLEGEDCorrective Date: 01/01/2015

Comment: NUMBER ON 408-997-9131 SIGN IS DISCONNECTED, OPERATOR CITED PREVIOUS REPORT

Corrective Action: POST ACTIVE 24 HOUR CONTACT NUMBER ON SIGN. A AUTHORIZED AGENT MUST ANSWER AT NUMBER OR RESPOND QUICKLY IN EVENT OF EMERGENCY CONTACT.

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	ALLEGED VIOLATION	OPEN TOP METAL BUCKET FILLED WITH CRUDE OIL, NOWILDLIFE SCREENING, NO SPILL PREVENTION (CITED INPREVIOUS INSPECTIONS)	INSTALL WILDLIFE SCREENING AND SPILL PREVENTION OR REMOVE. CLEAN UP STAINED SOILS AROUND AND BELOW CONTAINER.	12/23/2014

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
PUMP JACK	SATISFACTORY			

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Deadman # & Marked	5	ACTION REQUIRED	DEAD MEN PAINTED RECENTLY BUT NEED SEPARATE MARKERS, SEE 1000 SERIES RULES	ADEQUATELY MARK OR REMOVE ANCHORS	01/08/2015
Pump Jack		ACTION REQUIRED	GEARBOX LEAK	FIX LEAK	01/08/2015

Facilities:					
<input type="checkbox"/> New Tank		Tank ID: _____			
Contents		#	Capacity	Type	SE GPS
OTHER		0			,
S/A/V:		Comment:		TANK PREVIOUSLY IDENTIFIED AS A PARTIALLY BURIEDVESSEL IS A BUCKET, UNSCREENED, CONTAINING CRUDE CRUDE OIL	
Corrective Action:					Corrective Date:

Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
Comment			

Facilities:					
<input type="checkbox"/> New Tank		Tank ID: _____			
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	1	300 BBLS	STEEL AST	,	
S/A/V:	ALLEGED VIOLATION		Comment:	THIEF HATCH AND PLUGS ON SIDE AND TOP INSTALLED	
Corrective Action:	TANK NEEDS PAINTING (TANK CITED PREVIOUSLY). PAINT COLOR NEEDS TO BE PER RULE (SEE 800 SERIES RULES).				Corrective Date: 05/09/2015

Paint

Condition	Inadequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

Inspector Name: LABOWSKIE, STEVE

Corrective Action		Corrective Date	
Comment			

Venting:	
Yes/No	Comment
YES	NO APPROVED FORM 4 FOR VENTING IN WELL FILE. WELL IS VENTING PRODUCTION GAS THROUGH OPEN HORIZONTAL PIPE AT CASING HEAD

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

Predrill

Location ID: 214052

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:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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Facility

Facility ID: 214052 Type: WELL API Number: 067-05343 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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:

Lat _____ Long _____

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

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: _____

1003a. Debris removed? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ 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? Fail CM **ANCHORS NOT MARKED WITH SEPARATE MARKER**CA **MARK PER RULE OR REMOVE** CA Date **01/08/2015**1003b. Area no longer in use? Pass Production areas stabilized? Pass

1003c. Compacted areas have been cross ripped? _____

Inspector Name: LABOWSKIE, STEVE

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? _____

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	Gravel	Pass	MHSP	Pass	GOOD SPILL PRENVENTION UNDER CHEM TANK
		Compaction	Pass	MHSP	Fail	NO SPILL PREVENTION UNDER CONTAINER WITH CRUDE OIL

S/A/V: **ACTION REQUIRED** Corrective Date: **12/23/2014**

Comment: _____

CA: **REMOVE CONTAINER WITH OIL OR INSTALL WILDLIFE SCREEN AND SPILL PREVENTION, CLEAN UP OILY SOIL BELOW CONTAINER AND AROUND WELLHEAD/PUMPING UNIT AND DISPOSE OF IN APPROVED MANNER.**

Pits: ☒ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
667700492	well sign w/invalid number and tank	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3502420
667700493	open top container of crude, no wildlife screen	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3502421