



02496508

OIL & GAS CONSERVATION COMMISSION
EAST REGION FIELD INSPECTION REPORT

<input checked="" type="checkbox"/> NOTICE OF UNSATISFACTORY INSPECTION		337 Cambridge	
<input type="checkbox"/> NOTICE OF SATISFACTORY INSPECTION		Brush, CO 80723 970-842-4465	
Date: <u>1/12</u>	Facility ID:	Operator: <u>Brown Oil</u>	
Location: <u>SESE 34-25-58W</u>		Lease Name: <u>Degenhart</u>	
API Number: 05 - <u>001</u> - <u>07346</u>		Inspector: ED BINKLEY Cell: 970-380-2683	
INSP TYPE <u>E5</u>	INSP STATUS <u>PR</u>	PA Y N	PASS/FAIL P <u>F</u> VIOLATION <u>Y</u> N NOV Y N
UIC VIOL TYPE UA MI OP PA OT		TBG/PKR LK <input type="checkbox"/>	CSG LK <input type="checkbox"/> ALL UIC VIOLATIONS REQUIRE NOAVS
Well ID Signs (Rule 210) <u>Y</u> N		Fences <u>Y</u> <u>N</u> (Rule 603.b.(7), 1002.a)	
Production Pits (Rule 902, 903, 904) EARTHEN PITS ONLY		Produced Water Pits Total # <u>1</u> Oil Accumulation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Comments: <u>50x60</u>	
SENSITIVE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO		Skimming/Settling Pits Total # <u>1</u> Covered # <u>1</u> Uncovered # <u> </u> Comments: <u>cover collapsed</u>	
Tank Battery Equipment (Rule 604)		Special Purpose Pits Total # <u> </u> Lined # <u> </u> Unlined # <u> </u> Comments: <u>2-500, VHT,</u>	
Fire Walls/Berms/Dikes [Rule 604.a.(4)]		BURIED OR PARTIALLY BURIED VESSELS: #STEEL #FIBERGLASS #CONCRETE #OTHER <input type="checkbox"/>	
General Housekeeping (Rule 603.g)		oil spill reported 12-31-01 majority of free oil vac. trucked. <input type="checkbox"/>	
Spills (Oil/Water) (Rule 906)		oil spill from leaking tank over ran berm and travelled down hill \pm 300' toward pump <input type="checkbox"/>	
UIC Routine Inspection FILL OUT FORM 21 WHEN WITNESSING MIT		Inj. Pressure _____ Psig T-C Ann. Pressure _____ Psig COMMENTS	
Drilling Well/Workover (Rule 317)		RECEIVED JAN 23 02 COGCC	
Surface Rehabilitation (Rule 1003, 1004)		grass in dry ravine adjacent cultivation <input type="checkbox"/>	
Miscellaneous		digital photo's referred to Bob Chesson-E5 <input type="checkbox"/>	
CORRECTIVE ACTION REQUIRED: Rebuild tank berms and clean oil spill. Submit Form 27 work plan.			
Date Corrective Action Required By: <u>1-30-02</u>		Date Remedied:	

This report is a Notice of Inspection. The Commission requires that you correct any deficiencies shown on this report in a timely manner. Failure to comply may result in enforcement action by the Commission.

White - File Green - Operator Canary - Well Site

Fix sent to pump
Paul Loger

State of Colorado Oil and Gas Conservation Commission

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



FOR OGCC USE ONLY

SPILL/RELEASE REPORT

This form is to be submitted by the party responsible for the oil and gas spill or release. Any spill or release which may impact waters of the State must be reported as soon as practicable; any spill over 20 bbls must be reported within 24 hours and all spills over five bbls must be reported within ten days. Submit a Site Investigation and Remediation Workplan (Form 27) when requested by the Director.

Spill report taken by:

Brinkley 12-31-01
FACILITY ID: *150611-5*

OPERATOR INFORMATION

Name of Operator: <u>Byron Oil</u>	OGCC Operator No: _____	Phone Numbers
Address: _____		No: <u>970-768-0950</u>
City: <u>Baldwin</u>	State: <u>MO</u> Zip: _____	nb Fax: <u>867 2769</u>
Contact Person: <u>Paul Legler - Pumper (Richard Byron)</u>		E-Mail: _____

DESCRIPTION OF SPILL OR RELEASE

Date of Incident: <u>12-29-01</u>	Facility Name & No.: <u>Price-Degenhart-1</u>	County: <u>Adams</u>
Type of Facility (well, tank battery, flow line, pit): <u>Tank Leak</u>		QtrQtr: <u>SESE</u> Section: <u>34</u>
Well Name and Number: <u>Price-Degenhart-1</u>		Township: <u>25</u> Range: <u>58W</u>
API Number: <u>001-07346</u>		Meridian: <u>6</u>
Specify volume spilled and recovered (in bbls) for the following materials:		
Oil spilled: <u>395</u>	Oil recov'd: <u>215</u>	Water spilled: _____ Water recov'd: _____
Ground Water impacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Surface Water impacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Other spilled: _____ Other recov'd: _____
Contained within berm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Area and vertical extent of spill: _____	
Current land use: <u>grass, ravine + pasture</u>	Weather conditions: <u>clear - winter 20°F</u>	
Soil/geology description: <u>sandy-loam soil, pasture grass</u>		
IF LESS THAN A MILE, report distance IN FEET to nearest....		
surface water: <u>300'</u>	wetlands: <u>NA</u>	buildings: <u>NA</u>
livestock: <u>100'</u>	water wells: <u>200'</u>	Depth to shallowest ground water: <u>30'</u>
Cause of spill (e.g., equipment failure, human error, etc.): <u>hole in tank floor</u>		
Detailed description of the spill/release incident: <u>lost 180 recovered 215 w. Tank berms eroded.</u>		
<u>Landowner contacted - Dale Arnold</u>		

CORRECTIVE ACTION

Describe immediate response (how stopped, contained and recovered): vac truck pulled most of free oil recovered 215 from tank berm and low areas.

Describe any emergency pits constructed: none

How was the extent of contamination determined: visual, oil froze on surface in pasture and ravine.

Further remediation activities proposed (attach separate sheet if needed): scrape material and haul to private property for bioremediation on private road.

Describe measures taken to prevent problem from reoccurring: Plans to rebuild tank berm + fence, and place oil in good tank.

OTHER NOTIFICATIONS

List the parties and agencies notified (County, BLM, EPA, DOT, Local Emergency Planning Coordinator or other).

Date	Agency	Contact	Phone	Response

Spill/Release Tracking No: _____