

**FORM
INSP**Rev
X/20**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:

08/04/2023

Submitted Date:

09/05/2023

Document Number:

693701074

FIELD INSPECTION FORMLoc ID 465923 Inspector Name: ALLISON, RICK On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 76840

Name of Operator: SCHNEIDER ENERGY SERVICES INC

Address: P O BOX 889

City: FORT MORGAN State: CO Zip: 80701

Status Summary:

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

Findings:

4 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 |
|--------------|-------|-------------------------------|---------|
| | | jeff@schneiderenergy.com | |
| | | kbothwell@schneiderenergy.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|-----------------------|--------|-------------|------------|---------|-----------------|-------------|
| 466141 | OFF-LOCATION FLOWLINE | AC | 07/18/2019 | | - | Wellhead Line 1 | EI |
| 466142 | OFF-LOCATION FLOWLINE | AC | 07/18/2019 | | - | Wellhead Line 1 | EI |
| 466376 | OFF-LOCATION FLOWLINE | AC | 07/31/2019 | | - | Wellhead Line 1 | EI |
| 466657 | OFF-LOCATION FLOWLINE | AC | 08/13/2019 | | - | Wellhead Line 1 | EI |

General Comment:

Operator has removed all tank battery/production equipment from location. Gas sales line riser remains on location.

LocationOverall Good: ☐

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☐**Spills:**

| Type | Area | Volume | | |
|------|------|--------|--|--|
|------|------|--------|--|--|

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

| | | | |
|----------------------|---|-------|------------------|
| Type: Gathering Line | # 1 | | corrective date |
| Comment: | Gathering line/gas sales line riser remains on location | | |
| Corrective Action: | | Date: | |
| Type: Flow Line | # | | |
| Comment: | If off-location flowlines (wellhead lines for Weld Co. Drilling Fund #1 and #2, and #3 and #4) have been removed, submit Form 44 Abandonment Verification pursuant to Rule 1105.f.(2) | | |
| Corrective Action: | If off-location flowlines (wellhead lines for Weld Co. Drilling Fund #1 and #2, and #3 and #4) have been removed, submit Form 44 Abandonment Verification pursuant to Rule 1105.f.(2) | | Date: 11/02/2023 |

Venting:

| | | | |
|--------------------|--|-------|--|
| Yes/No | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Flaring:

| | | |
|--------------------|--|-------|
| Type | | |
| Comment: | | |
| Corrective Action: | | Date: |

| Inspected Facilities | | | | | | | | | |
|----------------------|---------------|-------|-------------|-------------|----------|---------|-----------|---------------|-----------|
| Facility ID: | <u>466141</u> | Type: | <u>OFF-</u> | API Number: | <u>-</u> | Status: | <u>AC</u> | Insp. Status: | <u>EI</u> |
| | | | | | | | | | |
| Facility ID: | <u>466142</u> | Type: | <u>OFF-</u> | API Number: | <u>-</u> | Status: | <u>AC</u> | Insp. Status: | <u>EI</u> |
| | | | | | | | | | |
| Facility ID: | <u>466376</u> | Type: | <u>OFF-</u> | API Number: | <u>-</u> | Status: | <u>AC</u> | Insp. Status: | <u>EI</u> |
| | | | | | | | | | |
| Facility ID: | <u>466657</u> | Type: | <u>OFF-</u> | API Number: | <u>-</u> | Status: | <u>AC</u> | Insp. Status: | <u>EI</u> |
| | | | | | | | | | |

Environmental**Spill/Remediation:**

Comment: All production equipment has been removed from the location. Operator submitted Form 27 Doc#402948608 (Remediation Project #21910) with a plan to conduct Rule 911.a. required site investigation commencing 2/18/2022. No Supplemental Form 27 has been received to document the site investigation results.

Pursuant to Rule 913.d. an Operator shall adhere to the proposed Implementation Schedule and obtain Director approval for changes to the Implementation Schedule. Pursuant to Rule 913.e. an Operator shall provide quarterly update reports in a Supplemental Form 27. The approved Form 27 provided for a one time report within 90 days of receiving laboratory analytical results.

No Supplemental Form 27 reports have been received.

Corrective Action: Submit Supplemental Form 27 with analytical results of site investigation.

Date: 11/02/2023

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|----------------------------------|---|
| 403520007 | INSPECTION SUBMITTED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6241214 |
| 693701075 | Production Facility Looking East | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6241201 |