

**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:  
08/16/2012

Document Number:  
663400761

Overall Inspection:  
**Unsatisfactory**

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>237585</u>	<u>317264</u>		<u>EDELEN, RANDY</u>

**Operator Information:**

OGCC Operator Number: 6160 Name of Operator: BANEY WELL SERVICE INC  
 Address: 2375 GARLAND STREET  
 City: LAKEWOOD State: CO Zip: 80215

**Contact Information:**

Contact Name	Phone	Email	Comment
McNab, Bill	(303) 462-1124	billmcknab@aol.com	

**Compliance Summary:**

QtrQtr: SWSE Sec: 17 Twp: 3N Range: 51W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/21/2011	200308156	RT	AC	U			N
06/22/2010	200257014	RT	AC	S			N
06/22/2009	200213550	RT	AC	S			N
04/16/2008	200130350	RT	AC	S			N
06/22/2007	200115816	MI	SI	S		P	N
05/21/2007	200112014	MI	AC	U		F	Y
08/14/2006	200094813	RT	AC	S		P	N
07/19/2005	200075038	RT	AC	S		P	N
03/17/2004	200051502	RT	AC	S		P	N
08/06/2003	200042508	RT	AC	S		P	N
06/11/2002	200027279	MI	AC	S		P	N
08/24/2001	200022812	RT	AC	S		P	N
06/27/2000	200008062	RT	AC	S		P	N
07/22/1997	500159840	MT	AC			P	N
07/15/1997	500159839	ID	SI			F	Y
11/03/1995	500159838		TA			P	N
10/03/1995	500159837	ID	SI			F	Y

**Inspector Comment:**

UIC MIT witness

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
237585	WELL	IJ	09/16/1997		121-10088	R.A. WOOD TRUST 3	<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**

<b>Lease Road:</b>				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

<b>Signs/Marker:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Unsatisfactory	No labels or placards on seperator	Install sign to comply with rule 210.b.	09/30/2012
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 09/30/2012

Comment: Number connects to a answering machine

Corrective Action: Implement a functional emergency number

<b>Good Housekeeping:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Satisfactory	Weeds on location	Remove and prevent the growth of all weeds	09/30/2012
UNUSED EQUIPMENT	Unsatisfactory	Pump jack and electrical box on location	Remove all unused equipment	09/30/2012

<b>Spills:</b>				
Type	Area	Volume	Corrective action	CA Date
Crude Oil	Pump Jack	<= 5 bbls	Remove or remediate all stained soil on location	09/30/2012
Crude Oil	Treater	<= 5 bbls	Remove or remediate all stained soil	09/30/2012
Crude Oil	Tank	<= 5 bbls	Remove or remediate all stained soil	09/30/2012

Multiple Spills and Releases?

<b>Fencing/:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
	Satisfactory			

<b>Equipment:</b>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Deadman # & Marked	4	Satisfactory			

Horizontal Heater Treater	1	Unsatisfactory	Leaking	Repair and maintain equipment	09/30/2012
Pump Jack	1	Satisfactory			
Flow Line	1	Satisfactory			

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	2	300 BBLS	STEEL AST	,	
S/U/V:	Comment:				
Corrective Action:				Corrective Date:	

Paint

Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment	See crude tanks for inspection of common berm				

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	2	300 BBLS	STEEL AST	40.221150,-103.107660	
S/U/V: Satisfactory	Comment:				
Corrective Action:				Corrective Date:	

Paint

Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Insufficient	Base Sufficient	Inadequate
Corrective Action	Repair and maintain berm			Corrective Date 09/30/2012
Comment	Animal burrows in berm			

**Venting:**

Yes/No	Comment
NO	

**Flaring:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

**Predrill**

Location ID: 317264

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

**Comment:** \_\_\_\_\_

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Wildlife BMPs:**

**Comment:** \_\_\_\_\_

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Stormwater:**

Erosion BMPs	Present	Other BMPs	Present

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: Erosion BMPs: \_\_\_\_\_  
 Other BMPs: \_\_\_\_\_

**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: 237585 Type: WELL API Number: 121-10088 Status: IJ Insp. Status: SI

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg \_\_\_\_\_  
(e.g. 30 psig or -30" Hg)

Previous Test Pressure \_\_\_\_\_

MPP \_\_\_\_\_

Inj Zone: DSND

TC: Pressure or inches of Hg \_\_\_\_\_

Previous Test Pressure \_\_\_\_\_

Last MIT: 06/22/2007

Brhd: Pressure or inches of Hg \_\_\_\_\_

Previous Test Pressure \_\_\_\_\_

AnnMTReq: \_\_\_\_\_

Comment: \_\_\_\_\_

Method of Injection: \_\_\_\_\_

Test Type: 5 Year

Tbg psi: 0

Csg psi: 0

BH psi: \_\_\_\_\_

Insp. Status: Pass

Comment: Bradenhead pressure is not available

**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: \_\_\_\_\_

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?   In   CM \_\_\_\_\_  
 CA \_\_\_\_\_ CA Date \_\_\_\_\_  
 Guy line anchors marked? \_\_\_\_\_ CM \_\_\_\_\_  
 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?   Pass    
 Production areas have been stabilized?   Pass   Segregated soils have been replaced? \_\_\_\_\_

**RESTORATION AND REVEGETATION**

Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top soil replaced   Pass   Recontoured   Pass   80% Revegetation   Pass  

1003 f. Weeds Noxious weeds?   F  

Comment:

Overall Interim Reclamation   Pass  

**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 \_\_\_\_\_ Multi-Well Location

**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

Inspector Name: EDELEN, RANDY

S/U/V: Satisfactory                      Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_