

FORM INSP
Rev 05/11

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

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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

Inspection Date:
11/09/2011

Document Number:
664000116

Overall Inspection:
Unsatisfactory

FIELD INSPECTION FORM

Location Identifier	API Number	Facility ID	Loc ID	Tracking Type
	<u>075-05797</u>	<u>218990</u>	<u>312145</u>	
Facility Name: <u>BREWER 'A' 2</u>		Inspector Name: <u>LEONARD, MIKE</u>		

Operator Information:

OGCC Operator Number: <u>7800</u>	Name of Operator: <u>BEREN CORPORATION</u>
Address: <u>2020 N BRAMBLEWOOD STREET</u>	
City: <u>WICHITA</u>	State: <u>KS</u> Zip: <u>67206</u>

Contact Information:

Contact Name	Phone	Email	Comment
Richmond, Emma	(316) 337-8370	ecrichmond@berexco.com	Production Manager
Wreath, Dana	(316) 337-8331	dwreath@berexco.com	Division Engineer

Compliance Summary:

QtrQtr: <u>NESE</u>	Sec: <u>15</u>	Twp: <u>8N</u>	Range: <u>53W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/08/1996	500152753	PR	PR			P	N
07/21/2003	200041582	PR	PR	S		P	N

Inspector Comment:

SEE CORRECTIVE ACTION DATES HIGHLIGHTED IN RED

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num
218990	WELL	PR	01/10/1997	OW	075-05797

Equipment:

Location Inventory

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/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			

TANK LABELS/PLACARDS	Unsatisfactory	NO LABELS ON TREATER OR SEPARATORS. NO CAPACITY ON TANKS	INSTALL ALL LABELING AS REQUIRED	12/30/2011
----------------------	----------------	--	----------------------------------	------------

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
PUMP JACK	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Vertical Separator	2			CENTRAL BATTERY	
Veritcal Heater Treater	1			CENTRAL BATTERY	
Prime Mover	1	Satisfactory	ELECTRIC MOTOR		
Pump Jack	1	Satisfactory	STANDARD		
Deadman # & Marked	4	Satisfactory			
Horizontal Heater Treater			APPEARS TO BE NOT IN USE	CENTRAL BATTERY	

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER			PBV CONCRETE	,
S/U/V:		Comment:	SKIM VAULT	
Corrective Action:				Corrective Date:

Paint

Condition: _____

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Comment
Corrective Action					Corrective Date

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER			PBV FIBERGLASS	,
S/U/V:	Comment:		OPEN TOP SKIM TANK W/NET	
Corrective Action:				Corrective Date:

Paint

Condition

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Comment
Corrective Action				Corrective Date	

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	200 BBLS	STEEL AST	40.654690,-103.279060
S/U/V:	Comment:			
Corrective Action:				Corrective Date:

Paint

Condition

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Comment
Earth					
Corrective Action				Corrective Date	

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 312145

Site Preparation:

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

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

Form 2A COAs:

Wildlife BMPs:

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:

Well

Facility ID: 218990 API Number: 075-05797 Status: PR Insp. Status: 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:

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

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? _____ CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? _____

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

Cuttings management: _____

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

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

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

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 _____

Storm Water:

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

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: INSTAL CONTAINMENT UNDER CHEMICAL BARREL

Pits:

Pit Type: Evaporation _____ Lined: NO _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: _____ 2+ feet Freeboard: _____

Pit (S/U/V): _____ Comment: _____

Corrective Action: _____ Date: _____

Pits:

Pit Type: Skimming/Settling Lined: _____

Lining:
 Liner Type: _____ Liner Condition: _____
 Comment: UNKNOWN LINER

Fencing:
 Fencing Type: _____ Fencing Condition: _____
 Comment: _____

Netting:
 Netting Type: Fence/Net Netting Condition: Good
 Comment: _____

Anchor Trench Present: _____ Oil Accumulation: YES 2+ feet Freeboard: _____
 Pit (S/U/V): _____ Comment: _____
 Corrective Action: _____ Date: _____

Pits:

Pit Type: Evaporation Lined: NO

Lining:
 Liner Type: _____ Liner Condition: _____
 Comment: _____

Fencing:
 Fencing Type: None Fencing Condition: _____
 Comment: _____

Netting:
 Netting Type: _____ Netting Condition: _____
 Comment: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: _____
 Pit (S/U/V): _____ Comment: _____
 Corrective Action: _____ Date: _____

Monitoring:	Monitoring Type	Comment
		NONE
		NONE