

**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



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Inspection Date:

12/08/2011

Document Number:

663900222

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>261890</u>	<u>314210</u>		<u>QUINT, CRAIG</u>

Operator Information:

OGCC Operator Number: 8005 Name of Operator: BERRY ENERGY INC*WALTER

Address: 1717 WASHINGTON AVE

City: GOLDEN State: CO Zip: 80401-

Contact Information:

Contact Name	Phone	Email	Comment
Dennis, Penny	303-279-0190/66190	berryenergy@comcast.net	
Whiting, Jim	719-688-0064	jimwhiting_99@yahoo.com	

Compliance Summary:

QtrQtr: <u>NESE</u>	Sec: <u>18</u>	Twp: <u>24S</u>	Range: <u>45W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/02/2006	200098397	PR	PR	U		F	Y
09/29/2008	200196074	PR	PR	S			N
10/06/2009	200220409	PR	PR	S			N
12/28/2010	200290307	PR	PR	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
261890	WELL	SI	09/13/2011	GW	099-06872	SPARTAN 1	<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 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
TANK LABELS/PLACARDS	Satisfactory			

Inspector Name: QUINT, CRAIG

OTHER	Unsatisfactory	WELL SIGN AT LEASE ENTRANCE. DOES NOT INDICATE CURRENT OPERATOR.	UPDATE SIGN TO CURRENT OPERATOR.	03/08/2012
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Emergency Contact Number: (S/U/V) Unsatisfactory

Corrective Date: 03/08/2012

Comment: SIGN DOES NOT INDICATE CURRENT OPERATOR OR CONTACT NUMBER.

Corrective Action: UPDATE EMERGENCY CONTACT NUMBER.

Spills:				
Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	STEEL PIPE AROUND WELLHEAD.		
SEPARATOR	Satisfactory	SEPARATOR FENCED WITH STEEL PIPE.		
TANK BATTERY	Satisfactory	TANK FENCED WITH WIRE PANELS.		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	1	Unsatisfactory	55 GAL METHANOL TANK WITHOUT CONTAINMENT.	INSTALL CONTAINMENT	03/08/2012
Gas Meter Run	1	Satisfactory			
Horizontal Heated Separator	1	Satisfactory			

Tanks/Berms: <input type="checkbox"/> New Tank Tank ID: _____					
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	1	300 BBLS	STEEL AST	37.959910,-102.505040	
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	Comment
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	

Venting:		
Yes/No	Comment	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 314210

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: 261890 API Number: 099-06872 Status: SI Insp. Status: SI

Environmental**Spills/Releases:**

Inspector Name: QUINT, CRAIG

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
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Interim Reclamation:	
Date Interim Reclamation Started: _____	Date Interim Reclamation Completed: _____
Land Use: _____	
Comment: _____	

1003a.	Debris removed? <u>Pass</u>	CM _____
	CA _____	CA Date _____
	Waste Material Onsite? <u>Pass</u>	CM _____
	CA _____	CA Date _____
	Unused or unneeded equipment onsite? <u>Pass</u>	CM _____
	CA _____	CA Date _____
	Pit, cellars, rat holes and other bores closed? <u>Pass</u>	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? <u>Pass</u>	Production areas stabilized ? <u>Pass</u>
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1003c.	Compacted areas have been cross ripped? _____
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1003d.	Drilling pit closed? <u>Pass</u>	Subsidence over on drill pit? <u>Pass</u>
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Cuttings management: _____

1003e.	Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? <u>Pass</u>
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Production areas have been stabilized? <u>Pass</u>	Segregated soils have been replaced? <u>Pass</u>
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RESTORATION AND REVEGETATION

Cropland

Inspector Name: QUINT, CRAIG

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass

Recontoured Pass

80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

Comment: UNUSED AREAS OF THE LOCATION ARE COVERED WITH GRASS.

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 _____

Storm Water:

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

S/U/V: Unsatisfactory Corrective Date: 03/08/2012

Comment: NO CONTAINMENT FOR 55 GAL METHANOL BARREL.

CA: INSTALL CONTAINMENT.