

**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:

02/27/2012

Document Number:

659700088

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: Baroumand, Soraya
	298794	335505		

Operator Information:OGCC Operator Number: 10071 Name of Operator: BARRETT CORPORATION* BILLAddress: 1099 18TH ST STE 2300City: DENVERState: COZip: 80202**Contact Information:**

Contact Name	Phone	Email	Comment
Axelson, Aaron	(970) 876-1959	aaxelson@billbarrettcorp.com	Production Foreman
Ghan, Scott	(970) 876-1959	sghan@billbarrettcorp.com	Environmental Health & Safety Coordinator
Merry, Jesse		jmerry@billbarrettcorp.com	

Compliance Summary:QtrQtr: NWSE Sec: 28 Twp: 6S Range: 92W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
279431	WELL	PR	03/01/2011	OW	045-11032	JACKSON 44D-28-692	<input checked="" type="checkbox"/>
279432	WELL	PR	03/01/2011	OW	045-11033	JACKSON 33C-28-692	<input checked="" type="checkbox"/>
279433	WELL	PR	03/01/2011	GW	045-11034	JACKSON 43C-28-692	<input checked="" type="checkbox"/>
280246	WELL	PR	02/18/2009	OW	045-11223	JACKSON 34D-28-692	<input checked="" type="checkbox"/>
298301	WELL	PR	01/20/2010	OG	045-17117	JACKSON 44C-28-692	<input checked="" type="checkbox"/>
298794	WELL	PR	01/13/2010	OG	045-17426	JACKSON 43A-28-692	<input checked="" type="checkbox"/>
298795	WELL	PR	01/11/2010	OG	045-17427	JACKSON 33D-28-692	<input checked="" type="checkbox"/>
298796	WELL	PR	11/11/2010	OG	045-17428	JACKSON 33A-28-692	<input checked="" type="checkbox"/>
298797	WELL	PR	01/13/2010	OG	045-17429	JACKSON 34C-28-692	<input checked="" type="checkbox"/>
298798	WELL	PR	01/13/2010	GW	045-17430	JACKSON 44A-28-692	<input checked="" type="checkbox"/>
335505	LOCATION	XX	04/14/2009		-	JACKSON-66S92W 28NWSE	<input 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			
BATTERY	Satisfactory			
OTHER	Satisfactory	at separators		
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
SEPARATOR	Satisfactory			
WELLHEAD	Satisfactory	metal panels		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors		Satisfactory			
Horizontal Heated Separator	10	Satisfactory			

Tanks/Berms:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	6	500 BBLS	STEEL AST	,

S/U/V: Satisfactory Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action: _____ Corrective Date: _____

Comment: _____

Venting:		
Yes/No	Comment	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 335505

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: 279431 API Number: 045-11032 Status: PR Insp. Status: PR

Facility ID: 279432 API Number: 045-11033 Status: PR Insp. Status: SI

Facility ID: 279433 API Number: 045-11034 Status: PR Insp. Status: PR

Facility ID: 280246 API Number: 045-11223 Status: PR Insp. Status: PR

Facility ID: 298301 API Number: 045-17117 Status: PR Insp. Status: PR

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Facility ID:	298794	API Number:	045-17426	Status:	PR	Insp. Status:	PR
Facility ID:	298795	API Number:	045-17427	Status:	PR	Insp. Status:	PR
Facility ID:	298796	API Number:	045-17428	Status:	PR	Insp. Status:	PR
Facility ID:	298797	API Number:	045-17429	Status:	PR	Insp. Status:	PR
Facility ID:	298798	API Number:	045-17430	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:

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

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Debris removed? Pass CM _____ CA _____ CA Date _____

Waste Material Onsite? Pass CM _____ CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____ CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass CM _____ CA _____ CA Date _____

Guy line anchors removed? _____ CM _____ CA _____ CA Date _____

Inspector Name: Baroumand, Soraya

Guy line anchors marked? Pass 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? _____

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? P

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

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Blankets	Pass					
Seeding	Pass					
Berms	Pass					

Inspector Name: Baroumand, Soraya

S/U/V: Satisfactory Corrective Date:

Comment:

CA: