

**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:  
03/13/2012

Document Number:  
659700094

Overall Inspection:  
Satisfactory

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>Baroumand, Soraya</u>
	<u>221577</u>	<u>334449</u>		

**Operator Information:**

OGCC Operator Number: <u>16800</u>	Name of Operator: <u>DELTA PETROLEUM CORPORATION</u>
Address: <u>370 17TH ST STE 4300</u>	
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</u>

**Contact Information:**

Contact Name	Phone	Email	Comment
Macke, Brian	(303) 293-9133 ext 1111	bmacke@deltapetro.com	
Monroe, William	(970) 424-5230	wmonroe@deltapetro.com	EHS Coordinator

**Compliance Summary:**

QtrQtr: <u>SENV</u>	Sec: <u>10</u>	Twp: <u>10S</u>	Range: <u>93W</u>
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Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/05/2011	200318500	SR	PR	U			Y
04/06/2007	200109200	PR	SI	U	I	F	Y
09/27/2005	200083064	PR	SI	S		P	N
10/28/1999	500154137	ID	TA			P	N

**Inspector Comment:**

Snow plow mounds in areas precluded thorough inspection of ground surfaces.

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
221577	WELL	PR	01/06/1980		077-08179	VEGA UNIT 3	X
277411	LEASE	PR	04/19/2005		-	VEGA UNIT 3	X
278834	WELL	PR	06/23/2008	GW	077-08927	VEGA UNIT 10-22	X
278835	WELL	PR	12/18/2005	GW	077-08926	VEGA 10-32	X
278903	WELL	PR	12/31/2005	GW	077-08934	VEGA 10-23	X
278904	WELL	PR	06/23/2008	OW	077-08933	VEGA UNIT 10-33	X
289433	WELL	PR	02/22/2007	LO	077-09245	VEGA UNIT 10-324	X
289434	WELL	PR	12/11/2007	GW	077-09244	VEGA UNIT 10-214	X
289435	WELL	PR	12/11/2007	GW	077-09243	VEGA UNIT 10-114	X
289436	WELL	PR	02/22/2007	LO	077-09242	VEGA UNIT 10-124	X
289437	WELL	PR	01/09/2008	GW	077-09241	VEGA UNIT 10-134	X
334449	LOCATION	AC	04/14/2009		-	VEGA UNIT-610S93W 10SWNE	X

**Equipment:**

Location Inventory

Inspector Name: Baroumand, Soraya

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**

<b>Signs/Marker:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
OTHER	Satisfactory	signage at facility entrance also		

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

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

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

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

<b>Fencing/:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
SEPARATOR	Satisfactory	metal pipe guard rail		
LOCATION	Satisfactory	barbed-wire, panel gate w/cattle guard		
WELLHEAD	Satisfactory	panel enclosures		

<b>Equipment:</b>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors		Satisfactory			
Plunger Lift	10	Satisfactory			
Emission Control Device	1	Satisfactory			
Gas Meter Run	1	Satisfactory			
Horizontal Heated Separator	10	Satisfactory	2 quad-unit & 2 single-unit		

<b>Tanks/Berms:</b>		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	1	300 BBLS	STEEL AST		
S/U/V:	Satisfactory		Comment:		
Corrective Action:					Corrective Date:
<u>Paint</u>					
Condition					
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action					Corrective Date
Comment					

<b>Tanks/Berms:</b>		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	2	300 BBLS	STEEL AST		
S/U/V:	Satisfactory		Comment:		
Corrective Action:					Corrective Date:
<u>Paint</u>					
Condition					
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent	Base Sufficient	Inadequate	
Corrective Action	Provide routine maintenance by removing paraffin/crude residuals inside secondary containment. (Greater than de minimis amounts, and less than reportable quantity). Contents contained inside ring.				Corrective Date
					04/13/2012
Comment					

<b>Venting:</b>	
Yes/No	Comment

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

**Predrill**

Location ID: 334449

**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: <u>221577</u>	API Number: <u>077-08179</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>278834</u>	API Number: <u>077-08927</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>278835</u>	API Number: <u>077-08926</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>278903</u>	API Number: <u>077-08934</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>278904</u>	API Number: <u>077-08933</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>289433</u>	API Number: <u>077-09245</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>289434</u>	API Number: <u>077-09244</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>289435</u>	API Number: <u>077-09243</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>289436</u>	API Number: <u>077-09242</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>

Facility ID: 289437    API Number: 077-09241    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 : \_\_\_\_\_ 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? 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 \_\_\_\_\_  
 Guy line anchors marked? Pass CM \_\_\_\_\_ CA \_\_\_\_\_ CA Date \_\_\_\_\_  
 1003b. Area no longer in use? \_\_\_\_\_ Production areas stabilized ? Pass  
 1003c. Compacted areas have been cross ripped? \_\_\_\_\_  
 1003d. Drilling pit closed? \_\_\_\_\_ Subsidence over on drill pit? \_\_\_\_\_  
 Cuttings management: \_\_\_\_\_

Inspector Name: Baroumand, Soraya

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:

Overall Interim Reclamation

**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
Berms			Pass			large, apparent from snow-covered topography
Gravel			Pass			
Ditches			Pass			large, apparent from snow-covered topography

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

Comment:

CA: