

**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
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Inspection Date:

03/30/2012

Document Number:

663800230

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>298784</u>	<u>335501</u>		<u>LONGWORTH, MIKE</u>

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
Merry, Jesse	(970) 876-1959	jerry@billbarrettcorp.com	Production Foreman

Compliance Summary:QtrQtr: NWSE Sec: 26 Twp: 6S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/09/2011	200312459	CO	PR	S			N
04/20/2011	200309981	PR	PR	S			N
02/10/2011	200295993	PR	PR	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
298784	WELL	PR	04/05/2010	LO	045-17417	DOMMER 33D-26-692	X
298785	WELL	PR	05/17/2010	LO	045-17418	DOMMER 33B-26-692	X
298787	WELL	PR	05/17/2010	LO	045-17419	DOMMER 23A-26-692	X
298788	WELL	PR	04/05/2010	LO	045-17420	DOMMER 23D-26-692	X
298789	WELL	PR	05/17/2010	LO	045-17421	DOMMER 32A-26-692	X
298790	WELL	PR	05/17/2010	LO	045-17422	DOMMER 33A-26-692	X
298791	WELL	PR	04/05/2010	LO	045-17423	DOMMER 22A-26-692	X
298792	WELL	PR	05/12/2010	LO	045-17424	DOMMER 33C-26-692	X
298793	WELL	PR	05/12/2010	LO	045-17425	DOMMER 23B-26-692	X
335501	LOCATION	AC	04/14/2009		-	DOMMER-66S92W 26NWSE	

Equipment:Location Inventory

Inspector Name: LONGWORTH, MIKE

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**Lease Road:**

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Main	Satisfactory			

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
CONTAINERS	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory			
WELLHEAD	Satisfactory			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
OTHER	Unsatisfactory		pick up trash and debri	04/06/2012

Spills:

Type	Area	Volume	Corrective action	CA Date
Lube Oil	WELLHEAD	<= 5 bbls	remove and remediate condensate stains around wells	04/06/2012
Condensate	Separator	<= 5 bbls	remove and remediate condensate stain under separator	04/06/2012

☐ Multiple Spills and Releases?**Fencing/:**

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

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	5	Satisfactory			
Plunger Lift	9	Satisfactory			
Deadman # & Marked		Unsatisfactory	markers knocked down	remark deadmen	04/06/2012
Horizontal Heated Separator	9	Satisfactory			

Inspector Name: LONGWORTH, MIKE

Tanks/Berms: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CONDENSATE	6	500 BBLS	STEEL AST	,
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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action			Corrective Date	
Comment				
Venting:				
Yes/No		Comment		
YES		bradens venting		
Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 335501

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: 298784 API Number: 045-17417 Status: PR Insp. Status: PR

Facility ID: 298785 API Number: 045-17418 Status: PR Insp. Status: PR

Facility ID: 298787 API Number: 045-17419 Status: PR Insp. Status: PR

Facility ID: 298788 API Number: 045-17420 Status: PR Insp. Status: PR

Facility ID: 298789 API Number: 045-17421 Status: PR Insp. Status: PR

Facility ID: 298790 API Number: 045-17422 Status: PR Insp. Status: PR

Facility ID: 298791 API Number: 045-17423 Status: PR Insp. Status: PR

Facility ID: 298792 API Number: 045-17424 Status: PR Insp. Status: PR

Facility ID: 298793 API Number: 045-17425 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? _____ 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? _____

Inspector Name: LONGWORTH, MIKE

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

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
663800230	INSPECTION APPROVED	http://cogcc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=2896651