

**FORM  
INSP**Rev  
05/11**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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

Inspection Date:

05/09/2012

Document Number:

661601322

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |             |        |               |                               |
|---------------------|-------------|--------|---------------|-------------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: MONTOYA, JOHN |
|                     | 245136      | 323377 |               |                               |

**Operator Information:**OGCC Operator Number: 69175 Name of Operator: PETROLEUM DEVELOPMENT CORPORATIONAddress: 1775 SHERMAN STREET - STE 3000City: DENVER State: CO Zip: 80203**Contact Information:**

|              |              |                 |         |
|--------------|--------------|-----------------|---------|
| Contact Name | Phone        | Email           | Comment |
| Green, Dan   | 970-371-8794 | dgreen@petd.com |         |

**Compliance Summary:**

| QtrQtr: <u>SWNW</u> | Sec: <u>28</u> | Twp: <u>4N</u> | Range: <u>67W</u> |                              |          |                |                 |
|---------------------|----------------|----------------|-------------------|------------------------------|----------|----------------|-----------------|
| Insp. Date          | Doc Num        | Insp. Type     | Insp Status       | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 03/17/2010          | 200235628      | PR             | PR                | S                            |          |                | N               |
| 07/11/2000          | 200008878      | PR             | PR                | S                            |          | P              | N               |
| 02/21/1996          | 500169281      | PR             | PR                |                              |          | F              | Y               |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------------------------------|
| 245136      | WELL | PR     | 03/17/2010  | OW         | 123-12931 | MCCARTY 28-1  | <input checked="" type="checkbox"/> |
| 245512      | WELL | PR     |             |            | 123-13307 | MCCARTY 28-5  | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

|                             |                        |                        |                         |
|-----------------------------|------------------------|------------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____   | Wells: _____           | Production Pits: _____  |
| Condensate Tanks: _____     | Water Tanks: <u>2</u>  | Separators: <u>2</u>   | Electric Motors: _____  |
| Gas or Diesel Motors: _____ | Cavity Pumps: _____    | LACT Unit: _____       | Pump Jacks: _____       |
| Electric Generators: _____  | Gas Pipeline: <u>4</u> | Oil Pipeline: <u>4</u> | Water Pipeline: _____   |
| Gas Compressors: _____      | VOC Combustor: _____   | Oil Tanks: <u>4</u>    | Dehydrator Units: _____ |
| Multi-Well Pits: _____      | Pigging Station: _____ | Flare: _____           | Fuel Tanks: _____       |

**Location****Signs/Marker:**

| Type       | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|------------|-----------------------------|---------|-------------------|---------|
| WELLHEAD   | Satisfactory                |         |                   |         |
| CONTAINERS | Satisfactory                |         |                   |         |

Inspector Name: MONTOYA, JOHN

|                      |              |  |  |  |
|----------------------|--------------|--|--|--|
| BATTERY              | Satisfactory |  |  |  |
| TANK LABELS/PLACARDS | Satisfactory |  |  |  |

Emergency Contact Number: (S/U/V) \_\_\_\_\_ 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                |         |                   |         |
| TANK BATTERY     | Satisfactory                |         |                   |         |
| WELLHEAD         | Satisfactory                |         |                   |         |

| <b>Equipment:</b>           |   |                             |         |                   |         |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| Type                        | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Bird Protectors             | 3 | Satisfactory                |         |                   |         |
| Gas Meter Run               | 2 | Satisfactory                |         |                   |         |
| Horizontal Heated Separator | 2 | Satisfactory                |         |                   |         |
| Plunger Lift                | 2 | Satisfactory                |         |                   |         |
| Emission Control Device     | 1 | Satisfactory                |         |                   |         |

| <b>Facilities:</b>                |   |                |                     |                  |  |
|-----------------------------------|---|----------------|---------------------|------------------|--|
| <input type="checkbox"/> New Tank |   | Tank ID: _____ |                     |                  |  |
| Contents                          | # | Capacity       | Type                | SE GPS           |  |
| PRODUCED WATER                    | 1 | <50 BBLS       | CONCRETE SUMP/VAULT | ,                |  |
| S/U/V:                            |   |                | Comment:            |                  |  |
| Corrective Action:                |   |                |                     | Corrective Date: |  |

| <b>Paint</b>           |          |
|------------------------|----------|
| Condition              | Adequate |
| Other (Content) _____  |          |
| Other (Capacity) _____ |          |
| Other (Type) _____     |          |

| <b>Berms</b>      |          |                     |                     |                 |
|-------------------|----------|---------------------|---------------------|-----------------|
| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |
| Earth             | Adequate | Walls Sufficient    | Base Sufficient     | Adequate        |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           |          |                     |                     |                 |

|                        |                             |                                   |                     |                       |  |
|------------------------|-----------------------------|-----------------------------------|---------------------|-----------------------|--|
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank |                     | Tank ID: _____        |  |
| Contents               | #                           | Capacity                          | Type                | SE GPS                |  |
| CRUDE OIL              | 1                           | 400 BBLS                          | STEEL AST           | 40.285790,-104.903030 |  |
| S/U/V:                 |                             |                                   | Comment:            |                       |  |
| Corrective Action:     |                             |                                   |                     | Corrective Date:      |  |
| <b>Paint</b>           |                             |                                   |                     |                       |  |
| Condition              | Adequate                    |                                   |                     |                       |  |
| Other (Content) _____  |                             |                                   |                     |                       |  |
| Other (Capacity) _____ |                             |                                   |                     |                       |  |
| Other (Type) _____     |                             |                                   |                     |                       |  |
| <b>Berms</b>           |                             |                                   |                     |                       |  |
| Type                   | Capacity                    | Permeability (Wall)               | Permeability (Base) | Maintenance           |  |
| Earth                  | Adequate                    | Walls Sufficient                  | Base Sufficient     | Adequate              |  |
| Corrective Action      |                             |                                   |                     | Corrective Date       |  |
| Comment                |                             |                                   |                     |                       |  |
| <b>Venting:</b>        |                             |                                   |                     |                       |  |
| Yes/No                 |                             | Comment                           |                     |                       |  |
| NO                     |                             |                                   |                     |                       |  |
| <b>Flaring:</b>        |                             |                                   |                     |                       |  |
| Type                   | Satisfactory/Unsatisfactory | Comment                           | Corrective Action   | CA Date               |  |
| Ignitor/Combustor      |                             |                                   |                     |                       |  |

**Predrill**

Location ID: 323377

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

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

Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_**Date:** \_\_\_\_\_**Wildlife BMPs:**

| BMP Type                       | Comment  |
|--------------------------------|--|
| Drilling/Completion Operations | Consolidate well pad. Reduce well visits by using multi-function contractors. Control noxious weeds and invasive plants on roads and pad. Clean and sanitize equipment. Install automated monitoring equipment (ie tank alarms, emergency shut down. Install remote monitoring of drilling operations. Control contaminants and surface discharges from entering streams installing containment and berms around drilling pad. Fuel and chemical storage not on riparian area. Use closed-loop system to reduce use of water. Locate above ground utilities. Contain and fence trash collection points. Hold safety meeting with every new shift or crew. Smoking not allowed on location. |

**Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_**Date:** \_\_\_\_\_**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:****Facility**

Facility ID: 245136 API Number: 123-12931 Status: PR Insp. Status: PR

Facility ID: 245512 API Number: 123-13307 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: IRRIGATED

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

Inspector Name: MONTOYA, JOHN

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: IRRIGATED \_\_\_\_\_

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: \_\_\_\_\_