

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



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

Inspection Date:
05/24/2012

Document Number:
661700338

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

| | | | | |
|---------------------|---------------|---------------|---------------|---|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: <u>LABOWSKIE, STEVE</u> |
| | <u>216099</u> | <u>326245</u> | | |

Operator Information:

| | |
|--|--|
| OGCC Operator Number: <u>10000</u> | Name of Operator: <u>BP AMERICA PRODUCTION COMPANY</u> |
| Address: <u>501 WESTLAKE PARK BLVD</u> | |
| City: <u>HOUSTON</u> | State: <u>TX</u> Zip: <u>77079</u> |

Contact Information:

| Contact Name | Phone | Email | Comment |
|--------------|-----------------------------------|---------------------|-------------------------------------|
| Kerr, Kyle | (970) 382-3690/ (970) 317-0623 | kyle.kerr@bp.com | Environmental Advisor |
| Best, Julie | (970) 375-7540/ (970) 394-0131 | julie.best@bp.com | Environmental Advisor |
| Fauth, Dan | (970) 247-6800/ (505) 330-1954 | daniel.fauth@bp.com | Environmental Coordinator (Durango) |

Compliance Summary:

| QtrQtr: <u>NENW</u> | Sec: <u>22</u> | Twp: <u>34N</u> | Range: <u>8W</u> | | | | |
|---------------------|----------------|-----------------|------------------|------------------------------|----------|----------------|-----------------|
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 03/16/2011 | 200302416 | PR | PR | S | | | N |
| 09/15/2009 | 200237493 | PR | PR | S | | | N |
| 07/13/2006 | 200100122 | PR | PR | S | | P | N |
| 03/08/2005 | 200069267 | PR | PR | S | | P | N |
| 06/16/2003 | 200041222 | PR | PR | S | | P | N |
| 12/19/2001 | 200023567 | PR | PR | S | | P | N |
| 12/19/2001 | 200023566 | PR | PR | S | | P | N |
| 04/16/2001 | 200016540 | BH | PR | S | | P | N |
| 12/13/2000 | 200013032 | PR | PR | S | | P | N |
| 09/22/1999 | 500150029 | PR | PR | | | P | N |
| 11/04/1997 | 500150028 | PR | PR | | | P | N |
| 09/25/1996 | 500150027 | PR | PR | | | P | N |
| 09/13/1995 | 500150026 | PR | PR | | | | N |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------------------------------|
| 216099 | WELL | PR | 05/03/2005 | GW | 067-07705 | BLACK 21-22 | <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 |
| CONTAINERS | 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 |
| WEEDS | | a few dead weeds from last year by separator | | |

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

| Fencing/: | | | | |
|------------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| LOCATION | | | | |
| PUMP JACK | | | | |

| Equipment: | | | | | |
|-----------------------------|---|-----------------------------|---------------------------------|-------------------|------------|
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Prime Mover | 1 | Satisfactory | gas | | |
| Ancillary equipment | 1 | | telemetry | | |
| Deadman # & Marked | 4 | Unsatisfactory | | mark anchors | 07/02/2012 |
| Horizontal Heated Separator | 1 | Satisfactory | | | |
| Gas Meter Run | 1 | | | | |
| Pump Jack | 1 | Satisfactory | | | |
| Ancillary equipment | 1 | | pump rod controller w/ telemtry | | |

| | | | | | |
|--------------------|-----------------------------|-----------------------------------|-------------------------------------|------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | | |
| Contents | # | Capacity | Type | SE GPS | |
| LUBE OIL | 1 | OTHER | STEEL AST | , | |
| S/U/V: | Comment: | | labels ok, no secondary containment | | |
| Corrective Action: | | | | Corrective Date: | |
| Paint | | | | | |
| Condition | Adequate | | | | |
| Other (Content) | _____ | | | | |
| Other (Capacity) | _____ | | | | |
| Other (Type) | _____ | | | | |
| Berms | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| | | | | | |
| Corrective Action | | | | Corrective Date | |
| Comment | none | | | | |
| Venting: | | | | | |
| Yes/No | Comment | | | | |
| | | | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| | | | | | |

Predrill

Location ID: 326245

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____
Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Comment: _____

CA: _____ **Date:** _____

Wildlife BMPs:

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: 216099 API Number: 067-07705 Status: PR Insp. Status: PR

Producing Well

Comment: looks shut in, pump jack inactive

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 _____
- Guy line anchors marked? In CM _____
 CA _____ CA Date _____

- 1003b. Area no longer in use? In Production areas stabilized ? Pass
- 1003c. Compacted areas have been cross ripped? Pass
- 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? In
 Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

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 |
| Ditches | Pass | Compaction | Pass | MHSP | | |

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____