

**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:

07/11/2012

Document Number:

661700462

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |             |        |               |                                  |
|---------------------|-------------|--------|---------------|----------------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: LABOWSKIE, STEVE |
|                     | 215143      | 333113 |               |                                  |

**Operator Information:**OGCC Operator Number: 10000 Name of Operator: BP AMERICA PRODUCTION COMPANYAddress: 501 WESTLAKE PARK BLVDCity: HOUSTON State: TX Zip: 77079**Contact Information:**

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

**Compliance Summary:**QtrQtr: SENE Sec: 12 Twp: 32N Range: 10W**Inspector Comment:**all vegetation completely burned after recent wildfire. Equipment relatively unharmed.**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name                 |                                     |
|-------------|------|--------|-------------|------------|-----------|-------------------------------|-------------------------------------|
| 215143      | WELL | SI     | 03/03/1985  | GW         | 067-06748 | SOUTHERN UTE GAS UNIT 2E      | <input checked="" type="checkbox"/> |
| 215916      | WELL | PR     | 03/03/2003  | GW         | 067-07521 | M. H. MONTGOMERY GU A PLA-9 1 | <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 |
|----------|-----------------------------|-----------------------------|-------------------|---------|
| WELLHEAD | Satisfactory                | one on ground 06748 (Amoco) |                   |         |

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

Corrective Date: \_\_\_\_\_

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

Inspector Name: LABOWSKIE, STEVE

Corrective Action:

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

| <b>Equipment:</b>           |   |                             |                      |                   |         |
|-----------------------------|---|-----------------------------|----------------------|-------------------|---------|
| Type                        | # | Satisfactory/Unsatisfactory | Comment              | Corrective Action | CA Date |
| Deadman # & Marked          |   |                             | several need marking |                   |         |
| Compressor                  | 1 |                             |                      |                   |         |
| Gas Meter Run               |   |                             | old?                 |                   |         |
| Horizontal Heater Treater   | 2 |                             |                      |                   |         |
| Bird Protectors             | 6 |                             |                      |                   |         |
| Horizontal Heated Separator | 1 |                             | old?                 |                   |         |
| Flow Line                   | 2 |                             |                      |                   |         |

| <b>Facilities:</b>                |                          |                               |               |                                       |
|-----------------------------------|--------------------------|-------------------------------|---------------|---------------------------------------|
| <input type="checkbox"/> New Tank |                          | Tank ID: <input type="text"/> |               |                                       |
| Contents                          | #                        | Capacity                      | Type          | SE GPS                                |
| PRODUCED WATER                    | 1                        | OTHER                         | BV FIBERGLASS | 37.034120,-107.880100                 |
| S/U/V:                            | Unsatisfactory           |                               |               |                                       |
| Comment:                          | no labels, no screen top |                               |               |                                       |
| Corrective Action:                | <input type="text"/>     |                               |               | Corrective Date: <input type="text"/> |

| <b>Paint</b>     |                      |
|------------------|----------------------|
| Condition        | <input type="text"/> |
| Other (Content)  | <input type="text"/> |
| Other (Capacity) | <input type="text"/> |
| Other (Type)     | <input type="text"/> |

| <b>Berms</b>      |                      |                     |                     |                                       |
|-------------------|----------------------|---------------------|---------------------|---------------------------------------|
| Type              | Capacity             | Permeability (Wall) | Permeability (Base) | Maintenance                           |
| Earth             | Adequate             |                     |                     |                                       |
| Corrective Action | <input type="text"/> |                     |                     | Corrective Date: <input type="text"/> |
| Comment           | <input type="text"/> |                     |                     |                                       |

|                              |              |                                   |                     |                |                  |
|------------------------------|--------------|-----------------------------------|---------------------|----------------|------------------|
| <b>Facilities:</b>           |              | <input type="checkbox"/> New Tank |                     | Tank ID: _____ |                  |
| Contents                     | #            | Capacity                          | Type                | SE GPS         |                  |
| OTHER                        | 1            |                                   |                     |                |                  |
| S/U/V:                       | Satisfactory |                                   | Comment:            |                |                  |
| Corrective Action:           |              |                                   |                     |                | Corrective Date: |
| <u>Paint</u>                 |              |                                   |                     |                |                  |
| Condition                    |              |                                   |                     |                |                  |
| Other (Content) foamer _____ |              |                                   |                     |                |                  |
| Other (Capacity) _____       |              |                                   |                     |                |                  |
| Other (Type) _____           |              |                                   |                     |                |                  |
| <u>Berms</u>                 |              |                                   |                     |                |                  |
| Type                         | Capacity     | Permeability (Wall)               | Permeability (Base) | Maintenance    |                  |
| Other                        |              |                                   |                     | Adequate       |                  |
| Corrective Action            |              |                                   |                     |                | Corrective Date  |
| Comment                      |              |                                   |                     |                |                  |
| <b>Facilities:</b>           |              | <input type="checkbox"/> New Tank |                     | Tank ID: _____ |                  |
| Contents                     | #            | Capacity                          | Type                | SE GPS         |                  |
| GLYCOL                       | 1            | OTHER                             | STEEL AST           |                |                  |
| S/U/V:                       |              |                                   | 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     |                                   |                     |                |                  |
| Corrective Action            |              |                                   |                     |                | Corrective Date  |
| Comment                      |              |                                   |                     |                |                  |

|                    |                |                                   |  |        |
|--------------------|----------------|-----------------------------------|--|--------|
| <b>Facilities:</b> |                | <input type="checkbox"/> New Tank | Tank ID: _____   |        |
| Contents           | #              | Capacity                          | Type   | SE GPS |
| LUBE OIL           | 1              | OTHER                             | STEEL AST  | ,      |
| S/U/V:             | Unsatisfactory |                                   | Comment: labels faded, no wildlife screen in concrete 2ndry vessel |        |
| Corrective Action: |                |                                   | Corrective Date:   |        |

Paint

|           |  |
|-----------|--|
| Condition |  |
|-----------|--|

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

|      |          |                     |                     |             |
|------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|      |          |                     |                     |             |

|                   |  |                 |  |
|-------------------|--|-----------------|--|
| Corrective Action |  | Corrective Date |  |
|-------------------|--|-----------------|--|

|         |  |
|---------|--|
| Comment |  |
|---------|--|

|                    |                                   |                |
|--------------------|-----------------------------------|----------------|
| <b>Facilities:</b> | <input type="checkbox"/> New Tank | Tank ID: _____ |
|--------------------|-----------------------------------|----------------|

|                |   |          |           |        |
|----------------|---|----------|-----------|--------|
| Contents       | # | Capacity | Type      | SE GPS |
| PRODUCED WATER | 1 | OTHER    | PBV STEEL | ,      |

|        |              |          |                      |
|--------|--------------|----------|----------------------|
| S/U/V: | Satisfactory | Comment: | NFPA ok, no capacity |
|--------|--------------|----------|----------------------|

|                    |  |                  |  |
|--------------------|--|------------------|--|
| Corrective Action: |  | Corrective Date: |  |
|--------------------|--|------------------|--|

Paint

|           |          |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

|       |          |                     |                     |             |
|-------|----------|---------------------|---------------------|-------------|
| Type  | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Earth | Adequate |                     |                     |             |

|                   |  |                 |  |
|-------------------|--|-----------------|--|
| Corrective Action |  | Corrective Date |  |
|-------------------|--|-----------------|--|

|         |  |
|---------|--|
| Comment |  |
|---------|--|

|                    |              |                                   |                |                  |
|--------------------|--------------|-----------------------------------|----------------|------------------|
| <b>Facilities:</b> |              | <input type="checkbox"/> New Tank | Tank ID: _____ |                  |
| Contents           | #            | Capacity                          | Type           | SE GPS           |
| LUBE OIL           | 1            |                                   | STEEL AST      | ,                |
| S/U/V:             | Satisfactory | Comment: labels good              |                |                  |
| Corrective Action: |              |                                   |                | Corrective Date: |

Paint

|           |  |
|-----------|--|
| Condition |  |
|-----------|--|

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

|       |          |                     |                     |             |
|-------|----------|---------------------|---------------------|-------------|
| Type  | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Metal | Adequate |                     |                     |             |

|                   |  |                 |  |
|-------------------|--|-----------------|--|
| Corrective Action |  | Corrective Date |  |
|-------------------|--|-----------------|--|

|         |  |
|---------|--|
| Comment |  |
|---------|--|

|                    |                                   |                |
|--------------------|-----------------------------------|----------------|
| <b>Facilities:</b> | <input type="checkbox"/> New Tank | Tank ID: _____ |
|--------------------|-----------------------------------|----------------|

|                |   |          |           |                       |
|----------------|---|----------|-----------|-----------------------|
| Contents       | # | Capacity | Type      | SE GPS                |
| PRODUCED WATER | 2 | OTHER    | PBV STEEL | 37.037700,-107.880530 |

|        |                |          |                    |
|--------|----------------|----------|--------------------|
| S/U/V: | Unsatisfactory | Comment: | weeds inside berms |
|--------|----------------|----------|--------------------|

|                    |             |                  |  |
|--------------------|-------------|------------------|--|
| Corrective Action: | label tanks | Corrective Date: |  |
|--------------------|-------------|------------------|--|

Paint

|           |          |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

|       |          |                     |                     |             |
|-------|----------|---------------------|---------------------|-------------|
| Type  | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Earth | Adequate |                     |                     |             |

|                   |  |                 |  |
|-------------------|--|-----------------|--|
| Corrective Action |  | Corrective Date |  |
|-------------------|--|-----------------|--|

|         |  |
|---------|--|
| Comment |  |
|---------|--|

|                        |                             |                                   |  |                       |  |
|------------------------|-----------------------------|-----------------------------------|--|-----------------------|--|
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank |  | Tank ID: _____        |  |
| Contents               | #                           | Capacity                          | Type                                       | SE GPS                |  |
| PRODUCED WATER         | 4                           | OTHER                             | STEEL AST                                  | 37.033860,-107.879360 |  |
| S/U/V:                 |                             |                                   | Comment: 1 tank no NFPA, all need capacity |                       |  |
| 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                    |                                   |  |                       |  |
| Corrective Action      |                             |                                   |  | Corrective Date       |  |
| Comment                |                             |                                   |  |                       |  |
| <b>Venting:</b>        |                             |                                   |  |                       |  |
| Yes/No                 |                             | Comment                           |  |                       |  |
|                        |                             |                                   |  |                       |  |
| <b>Flaring:</b>        |                             |                                   |  |                       |  |
| Type                   | Satisfactory/Unsatisfactory | Comment                           | Corrective Action                          | CA Date               |  |
|                        |                             |                                   |  |                       |  |

**Predrill**

Location ID: 333113

**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:**

Erosion BMPs

Present

Other BMPs

Present

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

Comments: Erosion BMPs: \_\_\_\_\_

Other BMPs: \_\_\_\_\_

**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: 215143 Type: WELL API Number: 067-06748 Status: SI Insp. Status: SI

**Idle Well**Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_

S/V: \_\_\_\_\_ CA Date: \_\_\_\_\_

CA: \_\_\_\_\_

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

Facility ID: 215916 Type: WELL API Number: 067-07521 Status: PR Insp. Status: PR

**Producing Well**

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

**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: all veg burned by recent wildfire

1003a. Debris removed? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Waste Material Onsite? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? In 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? \_\_\_\_\_ CM \_\_\_\_\_  
 CA \_\_\_\_\_ CA Date \_\_\_\_\_

1003b. Area no longer in use? In 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? In

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 Pass Recontoured Pass 80% Revegetation In

1003 f. Weeds Noxious weeds? I

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

Overall Interim Reclamation In Process

#### **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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel           | Pass            | Ditches                 | Pass                  | MHSP          | Pass                     |         |
| Compaction       | Pass            |                         |                       |               |                          |         |

Inspector Name: LABOWSKIE, STEVE

S/U/V: Satisfactory Corrective Date:                     

Comment: extra post wildfire erosion controls may be needed in proximity to current gravel pad which was not affected much by fire.

CA: