

**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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Inspection Date:

08/22/2012

Document Number:

663901556

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>426030</u>	<u>426029</u>		<u>QUINT, CRAIG</u>

Operator Information:OGCC Operator Number: 10234 Name of Operator: BAYHORSE PETROLEUM LLCAddress: 2558 E PORTSMOUTH AVECity: SALT LAKE CITY State: UT Zip: 84121**Contact Information:**

Contact Name	Phone	Email	Comment
Vaughn, Rod	435-237-1169	rlvaughn47@gmail.com	

Compliance Summary:QtrQtr: SWSE Sec: 21 Twp: 18S Range: 47W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/03/2012	664000538	PR	PR	U	F		N
11/01/2011	664000086	XX	DG	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
426030	WELL	PR	11/22/2011		061-06865	TRADE WINDS 2-21	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: <u>3</u>	Wells: <u>1</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>1</u>	Electric Motors: _____
Gas or Diesel Motors: <u>1</u>	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>1</u>
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: <u>2</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location**Lease Road:**

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	SANDY DIRT ROAD ALONG RAILROAD TRACKS THROUGH PASTURE.		

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory	LEASE SIGN BY BATTERY STAIRS.		
TANK LABELS/PLACARDS	Satisfactory	METAL SIGNS BY TANKS, STICKERS ON TREATER		
OTHER	Satisfactory	H2S SIGNS.		

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Satisfactory	WEEDS ARE STARTING TO GROW ALL OVER LOCATION	CONTROL WEEDS.	

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	Satisfactory	LOCATION FENCED WITH WIRE.		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Pump Jack	1	Satisfactory	160 AMERICAN		
Ancillary equipment	3	Satisfactory	GAS SCRUBBER, DAY TANK AND CHEMICAL TANK W/CONTAINMENTS		
Prime Mover	1	Satisfactory	EA-30 AJAX GAS ENGINE		
Veritcal Heater Treater	1	Satisfactory			
Flare	1	Satisfactory	FIELD FLARE (PIPE)		

Inspector Name: QUINT, CRAIG

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	FIBERGLASS AST	38.470710,-102.682710
S/U/V:	Satisfactory	Comment: _____		
Corrective Action: _____				Corrective Date: _____

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action	_____	Corrective Date	_____
Comment	_____		

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	400 BBLS	FIBERGLASS AST	38.470710,-102.682710
S/U/V:	Satisfactory	Comment: _____		
Corrective Action: _____				Corrective Date: _____

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action	_____	Corrective Date	_____
Comment	_____		

Venting:		
Yes/No	Comment	

Flaring:							
Type	Satisfactory/Unsatisfactory				Comment	Corrective Action	CA Date
Field Flare	Satisfactory				FLARE IS BURNING WITH NO SMOKE.		

Predrill			
Location ID: 426029			
Site Preparation:			
Lease Road Adeq.: _____		Pads: _____	Soil Stockpile: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	koepsear	<p>In accordance with Rule 607.c., operator shall provide notice of any gas analysis indicating the presence of hydrogen sulfide on the proposed location including pipelines, production equipment and tanks. Submit notices to COGCC's area engineer, Dirk Sutphin, at dirk.sutphin@state.co.us and local government designee, Debra Lening at kiowacclerk@hotmail.com as follows:</p> <p>1) Reporting of the presence of H₂S in concentrations less than 10 parts per million (PPM) shall be done via verbal and email notices. Verbal notice with a follow up email shall be provided as soon as practicable upon detection of H₂S to COGCC's area engineer and the local government designee.</p> <p>2) All verbal and email notices shall include all of the following information:</p> <p>a) Well or Facility name,</p> <p>b) API Number or COGCC Facility Number,</p> <p>c) H₂S concentration in PPM,</p> <p>d) Date sample or measurement was collected,</p> <p>e) Type of measurement or analysis (e.g., gas analysis, meter measurement, or colorimetric tube), and</p> <p>f) Description of sample point.</p> <p>3) Sundry Notices are required for H₂S concentrations equal to or exceeding 10 PPM. Only one H₂S Sundry Notice Form 4 is required per well or location following the initial H₂S detection, which exceeds 10 parts per million (PPM). Subsequent H₂S reporting shall be done on an annual basis and be submitted not later than January 31 for all measurements or sampling events during the prior calendar year.</p> <p>4) Subsequent annual reports shall be provided in a spreadsheet and submitted to the COGCC's area engineer and/or COGCC's engineering supervisor via email.</p> <p>5) Sundry Notices and annual report spreadsheets shall provide all of the following information:</p> <p>a) Well or Facility name</p> <p>b) API Number or COGCC Facility Number</p> <p>c) H₂S concentration in PPM</p> <p>d) Date sample or measurement was collected</p> <p>e) Type of measurement or analysis (e.g., gas analysis, meter measurement, or colorimetric tube)</p> <p>f) Description of sample point</p> <p>g) Absolute Open Flow Potential in cubic feet per day (CFPD) at the H₂S source(s).</p> <p>h) If flow is not open to the atmosphere, then state that the source is not flowing and include a description of the potential for atmospheric release and duration in</p>	10/12/2011

which the container or pipeline would likely be opened for servicing operations.

i) Distance to the nearest occupied residence, school, church, park, school bus stop, place of business, or other areas where the public could reasonably be expected to frequent.

j) Distance to the nearest Federal, State, County, or municipal road or highway owned and principally maintained for public use.

If the operator can reasonably expect hydrogen sulfide at or above 100 parts per million (ppm) to be present on the location the operator shall follow all reporting requirements above and file a hydrogen sulfide drilling operations plan (United States Department of the Interior, Bureau of Land Management, Onshore Order No. 6, November 23, 1990) with the COGCC prior to spudding the well as described in COGCC rule 607.a.

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 ID: 426030 Type: WELL API Number: 061-06865 Status: PR Insp. Status: PR

Producing WellComment: **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: RANGELAND

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? CM

CA CA Date

1003b. Area no longer in use? In Production areas stabilized? In

1003c. Compacted areas have been cross ripped?

Inspector Name: QUINT, CRAIG

1003d. Drilling pit closed? Pass 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? In

Production areas have been stabilized? In Segregated soils have been replaced? In

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced In Recontoured In 80% Revegetation In

1003 f. Weeds Noxious weeds? P

Comment: UNUSED AREAS OF THE LOCATION ARE IN PROCESS.

Overall Interim Reclamation In Process

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

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 _____ Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Other		Compaction		MHSP	Pass	

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____