

<b>FORM INSP</b> Rev 05/11	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		DE ET OE ES
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Inspection Date: 08/31/2012

Document Number: 663800485

Overall Inspection: Satisfactory

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>LONGWORTH, MIKE</u>
	<u>290234</u>	<u>335180</u>		

**Operator Information:**

OGCC Operator Number: 10071 Name of Operator: BARRETT CORPORATION\* BILL

Address: 1099 18TH ST STE 2300

City: DENVER State: CO Zip: 80202

**Contact Information:**

Contact Name	Phone	Email	Comment
Merry, Jesse	(970) 876-1959	jmerry@billbarrettcorp.com	Production Foreman

**Compliance Summary:**

Qtr/Qt: NWSW Sec: 28 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)
07/22/2011	200316613	RT	AC	S			N
08/13/2010	200266722	RT	AC	S			N
08/12/2009	200217308	RT	SI	S			N
12/10/2008	200200360	RT	AC	S			N
11/30/2007	200122775	MI	SI	S			N
11/18/2007	200208779	MI	PD	U			Y

**Inspector Comment:**

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**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
260918	WELL	PR	12/16/2002	GW	045-07922	PORTER FEDERAL 12-28	<input checked="" type="checkbox"/>
279622	WELL	PR	12/29/2005	OW	045-11061	SPECIALTY FEDERAL 14D-28-692	<input checked="" type="checkbox"/>
279623	WELL	PR	12/09/2005	OW	045-11062	SPECIALTY FEDERAL 13C-28-692	<input checked="" type="checkbox"/>
290234	WELL	IJ	04/17/2007	OTH	045-14054	SPECIALTY 13A-28-692 SWD	<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**

<b>Lease Road:</b>				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	weed control needed along road way		

<b>Signs/Marker:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
CONTAINERS	Satisfactory			
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			

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

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

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

<b>Good Housekeeping:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Unsatisfactory	Weed control needs addressed.	Cut and control weeds	09/14/2012
TRASH	Satisfactory			

<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
WELLHEAD	Satisfactory			

<b>Equipment:</b>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	3	Satisfactory			
Deadman # & Marked	1	Satisfactory			

<b>Venting:</b>		Comment
Yes/No		
YES		bradens are open to vent

<b>Flaring:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

**Predrill**

Location ID: 335180

**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: 260918 Type: WELL API Number: 045-07922 Status: PR Insp. Status: PR

**Producing Well**

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

**BradenHead**

Comment: Braden open to vent

CA:

CA Date:

Facility ID: 279622 Type: WELL API Number: 045-11061 Status: PR Insp. Status: PR

**Producing Well**

Comment:

**BradenHead**

Comment: Braden open to vent

CA:

CA Date:

Facility ID: 279623 Type: WELL API Number: 045-11062 Status: PR Insp. Status: PR

**Producing Well**

Comment:

**BradenHead**

Comment: Braden open to vent

CA:

CA Date:

Facility ID: 290234 Type: WELL API Number: 045-14054 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation:

Maximum Injection Pressure:

**UIC Routine**

Inj./Tube: Pressure or inches of Hg 2402  
(e.g. 30 psig or -30" Hg)

Previous Test Pressure MPP

Inj Zone: WMFK

TC: Pressure or inches of Hg 310

Previous Test Pressure Last MIT: 11/30/2007

Brhd: Pressure or inches of Hg 0

Previous Test Pressure AnnMTRReq:

Comment:

Method of Injection: PUMP FEED

Test Type: Tbg psi: Csg psi: BH psi:

Insp. Status:

Comment:

**BradenHead**

Comment: Braden open to vent

CA:

CA Date:

**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 _____
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**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? Pass 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? \_\_\_\_\_

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? \_\_\_\_\_

**RESTORATION AND REVEGETATION**

Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ 80% Revegetation In

Inspector Name: LONGWORTH, MIKE

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  Multi-Well Location

**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Blankets	Fail			seeding blanket not taking off
Berms	Pass	Ditches	Pass			
Ditches	Pass	Culverts	Pass			
		Waddles	Fail			several waddles are not laying cross ways in ditch

S/U/V: Satisfactory Corrective Date: \_\_\_\_\_

Comment:

CA: