

**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:

10/31/2012

Document Number:

669400214

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: LABOWSKIE, STEVE
	301141	334002		

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/ (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) 749-4238	daniel.fauth@bp.com	Environmental Advisor (Durango)

Compliance Summary:QtrQtr: SESW Sec: 29 Twp: 34N Range: 7W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
301141	WELL	PR	02/17/2011	GW	067-09690	PATRICK, GARU GU 2	<input checked="" type="checkbox"/>
301145	WELL	PR	10/27/2010	GW	067-09691	PATRICK, GARY GU 4	<input checked="" type="checkbox"/>
301146	WELL	PR	11/04/2010	GW	067-09692	SPARKS GU B 4	<input checked="" type="checkbox"/>
301148	WELL	PR	10/28/2010	GW	067-09693	SPARKS GU B 2	<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	need to differentiate one well from another		

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Inspector Name: LABOWSKIE, STEVE

Comment:

Corrective Action:

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT		flatbed trailer		

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD				

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	4	Satisfactory	all in combined unit		
Deadman # & Marked	4	Satisfactory			
Prime Mover	4	Satisfactory			
Ancillary equipment	1		AC transformer (SE corner)		
Flow Line	4				
Horizontal Heated Separator	2	Satisfactory	dual units		
Progressive Cavity	4	Satisfactory	equipmnet on-site but not hooked up for 09692 well		

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	OTHER	,

S/U/V: Satisfactory

Comment:

Corrective Action:

Corrective Date:

Paint

Condition	Adequate
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Other (Content)

Other (Capacity) 90 bbl

Other (Type) closed top

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action	Corrective Date
Comment	closed top tank, not reduired

Venting:

Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 334002

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: 301141 Type: WELL API Number: 067-09690 Status: PR Insp. Status: PR

Producing WellComment: Facility ID: 301145 Type: WELL API Number: 067-09691 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 301146 Type: WELL API Number: 067-09692 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 301148 Type: WELL API Number: 067-09693 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: 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? 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 Pass Recontoured Pass 80% Revegetation In

1003 f. Weeds Noxious weeds? P

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 ☐

Inspector Name: LABOWSKIE, STEVE

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Rip Rap	Pass					
Gravel	Pass					
Compaction	Pass					
Waddles	Fail					wattles below slope to SW not maintained

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: maintain or remove wattles at base of southwest slope of ocaton