

**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:

12/20/2012

Document Number:

669400325

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>215941</u>	<u>326144</u>		<u>LABOWSKIE, STEVE</u>

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
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)
Kerr, Kyle	(970) 382-3690/ (970) 317-0623	kyle.kerr@bp.com	Environmental Advisor

Compliance Summary:QtrQtr: NWSE Sec: 9 Twp: 34N Range: 8W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/26/2011	200305089	PR	PR	S			N
04/16/2009	200208731	PR	PR	S			N
05/05/2008	200191015	PR	PR	S			Y
05/05/2008	200189788	PR	PR	S			N
06/22/2006	200099693	PR	PR	S		P	N
11/29/2005	200085369	PR	PR	S		P	N
12/13/2001	200023319	PR	PR	S		P	N
04/23/2001	200016550	BH	PR	S		P	N
12/04/2000	200012889	PR	PR	S		P	N
11/13/2000	200012126	PR	PR	S		P	N
09/16/1999	500149781	PR	PR			P	N
10/23/1997	500149780	PR	PR			P	N
10/18/1996	500149779	PR	PR			P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
215941	WELL	PR	06/10/1991	GW	067-07546	TINKER 2-9 GU 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
CONTAINERS	Satisfactory	lube oil tank on pumping unit		
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

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
PUMP JACK	Satisfactory	sound walls around 1/2 of pumping unit, stock panel fenced		
TANK BATTERY	Satisfactory	stock panels		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	1	Satisfactory	riser w/ pop-off		
Horizontal Heated Separator	1	Satisfactory			
Ancillary equipment	1	Satisfactory	telemetry		
Deadman # & Marked	4	Satisfactory			
Ancillary equipment	2	Satisfactory	buried culvert/below ground access		
Bird Protectors	2	Satisfactory			
Flow Line	1	Satisfactory			
Gas Meter Run	1	Satisfactory			
Prime Mover	1		gas engine w/ lube tank, labels OK, needs some sort of spill prevention. Exhaust smoking at time of inspection		

Inspector Name: LABOWSKIE, STEVE

Pump Jack	1	Satisfactory			
Ancillary equipment	1	Satisfactory	riser w/ valve		

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	HEATED STEEL AST	37.227950,-107.746570

S/U/V:	Satisfactory	Comment:	
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Corrective Action:		Corrective Date:	
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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	
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Comment	
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Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 326144

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: 215941 Type: WELL API Number: 067-07546 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Environmental**Spills/Releases:**

Inspector Name: LABOWSKIE, STEVE

Type of Spill: _____	Description: _____	Estimated Spill Volume: _____
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
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?	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? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

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

RESTORATION AND REVEGETATION

Cropland

Inspector Name: LABOWSKIE, STEVE

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: snow covered at time of inspection

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
				MHSP		lube tank needs spill needs spill prevention

S/U/V: _____ Corrective Date: _____

Comment: snow covered at time of inspection

CA: _____