

**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 |
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Inspection Date:  
01/07/2013

Document Number:  
669400355

Overall Inspection:  
Satisfactory

**FIELD INSPECTION FORM**

|                     |               |               |               |   |
|---------------------|---------------|---------------|---------------|---|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name: <u>LABOWSKIE, STEVE</u> |
|                     | <u>284489</u> | <u>311980</u> |               |   |

**Operator Information:**

OGCC Operator Number: 10000 Name of Operator: BP AMERICA PRODUCTION COMPANY  
Address: 501 WESTLAKE PARK BLVD  
City: 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           |
| Best, Julie  | (970) 375-7540/<br>(970) 394-0131 | julie.best@bp.com   | Environmental Advisor           |
| Fauth, Dan   | (970) 749-4238                    | daniel.fauth@bp.com | Environmental Advisor (Durango) |

**Compliance Summary:**

QtrQtr: SENE Sec: 19 Twp: 34N Range: 7W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 03/30/2009 | 200207474 | PR         | PR          | S                            |          |                | N               |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name                |                                     |
|-------------|------|--------|-------------|------------|-----------|------------------------------|-------------------------------------|
| 261882      | WELL | PR     |             | GW         | 067-08662 | MARTIN, PAUL B. GAS UNIT A 2 | <input checked="" type="checkbox"/> |
| 284489      | WELL | PR     | 04/26/2006  | GW         | 067-09146 | MARTIN, PAUL B, GAS UNIT A 3 | <input checked="" type="checkbox"/> |
| 284490      | WELL | PR     | 01/03/2007  | GW         | 067-09145 | MARTIN, PAUL B, GAS UNIT A 4 | <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>Signs/Marker:</b> |                             |         |                   |         |
|----------------------|-----------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD             | Satisfactory                |         |                   |         |

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

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

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

| <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 |
| LOCATION        | Satisfactory                | partially fenced, access controlled                          |                   |         |
| OTHER           | Satisfactory                | all other equipment with stock panels                        |                   |         |
| WELLHEAD        | Satisfactory                | panels around free flowing wells and progressive cavity well |                   |         |

| <b>Equipment:</b>           |   |                             |                                       |                   |         |
|-----------------------------|---|-----------------------------|---------------------------------------|-------------------|---------|
| Type                        | # | Satisfactory/Unsatisfactory | Comment                               | Corrective Action | CA Date |
| Horizontal Heated Separator | 1 | Satisfactory                | combined unit services 2 wells        |                   |         |
| Ancillary equipment         | 2 | Satisfactory                | AC transformers on small concrete pad |                   |         |
| Ancillary equipment         | 2 | Satisfactory                | elec. vaults at FFW wellheads         |                   |         |
| Flow Line                   | 3 | Satisfactory                |                                       |                   |         |
| Prime Mover                 |   | Satisfactory                |                                       |                   |         |
| Progressive Cavity          |   | Satisfactory                |                                       |                   |         |
| Horizontal Heated Separator | 1 | Satisfactory                | single unit                           |                   |         |
| Ancillary equipment         | 1 | Satisfactory                | telemetry                             |                   |         |
| Deadman # & Marked          | 8 | Satisfactory                |                                       |                   |         |
| Gas Meter Run               | 3 | Satisfactory                |                                       |                   |         |

|                    |                             |                                   |                     |                       |                 |
|--------------------|-----------------------------|-----------------------------------|---------------------|-----------------------|-----------------|
| <b>Facilities:</b> |                             | <input type="checkbox"/> New Tank | Tank ID: _____      |                       |                 |
| Contents           | #                           | Capacity                          | Type                | SE GPS                |                 |
| PRODUCED WATER     | 1                           | OTHER                             | PBV STEEL           | 37.178450,-107.645070 |                 |
| S/U/V:             | Satisfactory                |                                   | Comment:            |                       |                 |
| Corrective Action: |                             |                                   |                     | Corrective Date:      |                 |
| <b>Paint</b>       |                             |                                   |                     |                       |                 |
| Condition          | Adequate                    |                                   |                     |                       |                 |
| Other (Content)    | _____                       |                                   |                     |                       |                 |
| Other (Capacity)   | not labeled                 |                                   |                     |                       |                 |
| Other (Type)       | _____                       |                                   |                     |                       |                 |
| <b>Berms</b>       |                             |                                   |                     |                       |                 |
| Type               | Capacity                    | Permeability (Wall)               | Permeability (Base) | Maintenance           |                 |
| Metal              | Adequate                    | Walls Sufficient                  | Base Sufficient     | 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: 311980

**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: 261882 Type: WELL API Number: 067-08662 Status: PR Insp. Status: PR

**Producing Well**

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

Facility ID: 284489 Type: WELL API Number: 067-09146 Status: PR Insp. Status: PR

**Producing Well**

Comment:

Facility ID: 284490 Type: WELL API Number: 067-09145 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:**

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? \_\_\_\_\_ Production areas stabilized ? \_\_\_\_\_  
 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

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

Non-Cropland

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

1003 f. Weeds Noxious weeds? \_\_\_\_\_

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

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

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

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