

FORM  
INSPRev  
05/11State 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
----	----	----	----

Inspection Date:

01/31/2013

Document Number:

668400896

Overall Inspection:

Satisfactory

## FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	293191	312743		BROWNING, CHUCK

## Operator Information:

OGCC Operator Number: 10150 Name of Operator: BLACK HILLS PLATEAU PRODUCTION LLC

Address: 1515 WYNKOOP ST STE 500

City: DENVER State: CO Zip: 80202

## Contact Information:

Contact Name	Phone	Email	Comment
Donahue, Jessica	(720) 210-1333	jessica.donahue@blackhillsco rp.com	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

## Compliance Summary:

QtrQtr: NESE Sec: 10 Twp: 9s Range: 99w

## Inspector Comment:

Wellhead, Separator, Meter, 1-300 bbl steel tank (crude oil) w/ metal berms, 1-400 bbl steel tank (prod water) w/ metal berms, 1-300 bbl steel tank w/ earth berms. 100'x150' evap pit w/ fence & netting.

## Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
293191	WELL	PR	01/03/2013	GW	077-09440	Winter Flats 10-43-99	X
430117	PIT		09/06/2012		-	Winter Flats 10-43-99	

## Equipment:

## Location Inventory

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

## Location

## Lease Road:

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Main	Satisfactory			
Access	Satisfactory			

## Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Inspector Name: BROWNING, CHUCK

TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory			

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

Comment:

Corrective Action:

Spills:				
Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
PIT	Satisfactory			
SEPARATOR	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	1	Satisfactory			
Gas Meter Run	1	Satisfactory			

<b>Facilities:</b>		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents		#	Capacity	Type	SE GPS
CRUDE OIL		1	300 BBLS	STEEL AST	39.284060,-108.418960
S/U/V:	Satisfactory		Comment:		
Corrective Action:					Corrective Date:

Paint	
Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Inspector Name: BROWNING, CHUCK

<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	400 BBLS	STEEL AST	39.284010,-108.419000	
S/U/V:	Satisfactory		Comment: _____		
Corrective Action: _____				Corrective Date: _____	
<b>Paint</b>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
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>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	300 BBLS	STEEL AST	39.284330,-108.419550	
S/U/V:	Satisfactory		Comment: _____		
Corrective Action: _____				Corrective Date: _____	
<b>Paint</b>					
Condition					
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
<b>Venting:</b>					
Yes/No	Comment				
NO					
<b>Flaring:</b>					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
<b><u>Predrill</u></b>					
Location ID: 312743					
<b>Site Preparation:</b>					
Lease Road Adeq.: _____		Pads: _____		Soil Stockpile: _____	
Corrective Action: _____		Date: _____		CDP Num.: _____	

**Form 2A COAs:**

Group	User	Comment	Date
OGLA	kubeczko	<p>FORM 15 PIT PERMIT COAs: Form 15 Pit permit must be reviewed and approved by director prior to receiving flowback fluids in pit.</p> <p>Notify COGCC Oil and Gas Location Assessment (OGLA) Specialist for Western Colorado (Dave Kubeczko; email dave.kubeczko@state.co.us) and the COGCC Field Inspection Supervisor for Northwest Colorado (Shaun Kellerby; email shaun.kellerby@state.co.us) 48 hours prior to start of construction of the pit, pit liner installation, and start of fracing operations (via Form 42).</p> <p>The completions pit must be double-lined. The pit will also require a leak detection system (Rule 904.e).</p> <p>Based on the cross-sections, a portion of the pit berm wall will be in fill; therefore, operator must submit as-built drawings (plan view and cross-sections) of the completion pit within 14 calendar days of construction.</p> <p>After installation of the uppermost liner and prior to operating the pit, the synthetic liner(s) shall be tested by filling the pit with at least 70 percent of operating capacity of water, measured from the base of the pit (not to exceed the 2-foot freeboard requirement). The operator shall monitor the pit for leaks for a period of 72 hours prior to draining the pit and commencing operations. The leak detection system must also be monitored during the entire test. Operator shall notify the COGCC Oil and Gas Location Assessment (OGLA) Specialist for Western Colorado (Dave Kubeczko; email dave.kubeczko@state.co.us) 48 hours prior to start of the hydrotest. Hydrotest monitoring results must be maintained by the operator for the life of the pit and provided to COGCC prior to using the pit.</p> <p>In lieu of conducting an initial hydrostatic test of the pit, the operator can monitor fluid levels in the pit continuously using a minimum of two pressure transducers located at the upgradient and downgradient ends of the pit (based on the original topographic profile). These pressure transducers should be linked to the operator's SCADA system such that they can be remotely monitored. In addition, the pit liner will be marked at the two foot freeboard depth line so that operations personnel (as well as COGCC inspectors) can easily verify that the required fluid free board is being maintained. The electronically collected water level measurement data shall be used to confirm changes in pit inflow and outflow during operations based on estimates from truck and/or pipeline delivery or removal activities. Any abnormalities that are noticed during operations will be reported to the operator's field supervisor immediately so that any necessary follow-up can be scheduled.</p> <p>Flowback and stimulation fluids must be sent to tanks, separators, or other containment/filtering equipment before the fluids can be placed into any pipeline or pit located on the well pad or into tanker trucks for offsite disposal. The flowback and stimulation fluid tanks, separators, or other containment/filtering equipment must be placed on the well pad in an area with additional downgradient perimeter berming. The area where flowback fluids will be stored/reused must be constructed to be sufficiently impervious to contain any spilled or released material.</p> <p>No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. The entire base of the pit must be in cut.</p> <p>For pits containing fluids other than freshwater only; the pit must be fenced. If the pit is not drained, or closure has not begun within 30 days after last use for well completion, the pit must be netted. The operator must maintain the fencing and netting until the pit is closed.</p> <p>Submit additional disposal facilities (wells, pits, etc.), if necessary (i.e., if original disposal option changes), for pit liquid contents to COGCC via a Form 4 Sundry</p>	06/13/2012

		prior to disposal.  At the time of pit closure, operator must submit disposal information for solids, if necessary, via a Form 4 Sundry Notice to the COGCC Location Specialist for Western Colorado (Dave Kubeczko; email dave.kubeczko@state.co.us). The disposal method will need to be approved prior to operator starting pit closure.	
OGLA	kubeczko	SITE SPECIFIC COAs:  Operator must implement best management practices to contain any unintentional release of fluids, including any fluids conveyed via buried or temporary surface pipelines.  Notify COGCC Oil and Gas Location Assessment (OGLA) Specialist for Western Colorado (Dave Kubeczko; email dave.kubeczko@state.co.us) and the COGCC Field Inspection Supervisor for Northwest Colorado (Shaun Kellerby; email shaun.kellerby@state.co.us) 48 hours prior to start of construction of the pit, pit liner installation, and start of fracing operations (via Form 42).	06/13/2012

**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**

Inspector Name: BROWNING, CHUCK

Facility ID: 293191 Type: WELL API Number: 077-09440 Status: PR Insp. Status: PR

**Producing Well**

Comment: Wellhead, Separator, Meter, 1-300 bbl steel tank (crude oil) w/ metal berms, 1-400 bbl steel tank (prod water) w/ metal berms, 1-300 bbl steel tank w/ earth berms. 100'x150' evap pit w/ fence & netting.

**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: RANGELAND

Comment:

1003a. Debris removed? Pass CM CA Date  
Waste Material Onsite? Pass CM CA Date  
Unused or unneeded equipment onsite? Pass CM CA Date  
Pit, cellars, rat holes and other bores closed? Pass CM CA Date  
Guy line anchors removed? CM CA Date  
Guy line anchors marked? Pass CM CA Date

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

1003c. Compacted areas have been cross ripped? Pass

1003d. Drilling pit closed? \_\_\_\_\_ 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? \_\_\_\_\_  
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 \_\_\_\_\_

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

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

Overall Interim Reclamation \_\_\_\_\_ In Process \_\_\_\_\_

Date Final Reclamation Started: _____		Date Final Reclamation Completed: _____	
Final Land Use: <u>RANGELAND</u>			
Reminder: _____			
Comment: <div style="border: 1px solid black; height: 30px;"></div>			
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: <div style="border: 1px solid black; height: 30px;"></div>			
Corrective Action: <div style="border: 1px solid black; height: 30px;"></div>			Date _____
Overall Final Reclamation _____		Multi-Well Location <input type="checkbox"/>	

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass	Gravel	Pass	MHSP	Pass	

S/U/V: <u>Satisfactory</u>		Corrective Date: _____	
Comment:			
CA:			

Inspector Name: BROWNING, CHUCK

Pit Type: Evaporation Lined: YES Pit ID: 292805 Lat: 39.284330 Long: -108.419300

**Lining:**

Liner Type: HDPE Liner Condition: Adequate

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

**Fencing:**

Fencing Type: Wildlife Fencing Condition: Adequate

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

**Netting:**

Netting Type: Mesh Netting Condition: Good

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

Anchor Trench Present: NO Oil Accumulation: NO 2+ feet Freeboard: \_\_\_\_\_

Pit (S/U/V): Satisfactory Comment: \_\_\_\_\_

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

Permit:	Facility ID	Permit Num	Expiration Date
	430117	400291561	
	430117	400291561	