

**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:

03/29/2013

Document Number:

670200301

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>295434</u>	<u>335470</u>	<u>BURGER, CRAIG</u>	<input type="checkbox"/> 2A Doc Num: _____

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		jerry@billbarrettcorp.com	Area Superintendent
Axelson, Aaron		aaxelson@billbarrettcorp.com	Production Foreman
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor

Compliance Summary:

QtrQtr: SESE		Sec: 20	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)
12/12/2010	200291154	PR	PR	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
295434	WELL	PR	10/08/2008	GW	045-15750	SPECIALTY 34A-20-692	<input checked="" type="checkbox"/>
295435	WELL	PR	10/20/2008	GW	045-15751	SPECIALTY 44B-20-692	<input checked="" type="checkbox"/>
295436	WELL	PR	10/22/2008	GW	045-15752	SPECIALTY 34D-20-692	<input checked="" type="checkbox"/>
295437	WELL	PR	10/11/2008	GW	045-15753	SPECIALTY 34C-20-692	<input checked="" type="checkbox"/>
295438	WELL	PR	10/31/2008	GW	045-15754	SPECIALTY 34B-20-692	<input checked="" type="checkbox"/>
295439	WELL	PR	10/17/2008	GW	045-15755	SPECIALTY 44D-20-692	<input checked="" type="checkbox"/>
295440	WELL	PR	10/18/2008	GW	045-15756	SPECIALTY 44C-20-692	<input checked="" type="checkbox"/>
295441	WELL	PR	10/16/2008	GW	045-15757	SPECIALTY 44A-20-692	<input checked="" type="checkbox"/>
295442	WELL	PR	10/21/2008	GW	045-15758	SPECIALTY 43C-20-692	<input checked="" type="checkbox"/>
295443	WELL	PR	10/22/2008	GW	045-15759	SPECIALTY 43A-20-692	<input checked="" type="checkbox"/>
295444	WELL	PR	10/23/2008	GW	045-15760	SPECIALTY 33C-20-692	<input checked="" type="checkbox"/>
295445	WELL	PR	10/24/2008	GW	045-15761	SPECIALTY 33A-20-692	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: BURGER, CRAIG

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			
TANK LABELS/PLACARDS	Unsatisfactory	Methanol tank does not have placard or volume label. Spoke with pumper and he made a note to provide a sign.	Install sign to comply with rule 210.d.	04/19/2013
BATTERY	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
SEPARATOR	Satisfactory	wire fence		
IGNITOR/COMBUST OR	Satisfactory	wire fence		
WELLHEAD	Satisfactory	cattle panel		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	12	Satisfactory			
Ancillary equipment	3	Satisfactory	Descaler units.		
Bird Protectors	10	Satisfactory			
Horizontal Heated Separator	12	Satisfactory			
Deadman # & Marked	7	Unsatisfactory	Markers knocked down or missing.	Replace down markers.	04/26/2013
Emission Control Device	1	Satisfactory			
Gathering Line	1	Satisfactory			
Gas Meter Run	2	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
METHANOL	1	<50 BBLS	STEEL AST	39.507650,-107.684570	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	3	500 BBLS	HEATED STEEL AST	,	
S/U/V:	Satisfactory		Comment: Same berm as steel AST's.		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					

Inspector Name: BURGER, CRAIG

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	4	500 BBLS	STEEL AST	39.507470,-107.684590	
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					
Venting:					
Yes/No		Comment			
YES		Bradenheads venting			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action		CA Date
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 335470

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: 295434 Type: WELL API Number: 045-15750 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 295435 Type: WELL API Number: 045-15751 Status: PR Insp. Status: PR

Producing WellComment: Facility ID: 295436 Type: WELL API Number: 045-15752 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 295437 Type: WELL API Number: 045-15753 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 295438 Type: WELL API Number: 045-15754 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 295439 Type: WELL API Number: 045-15755 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 295440 Type: WELL API Number: 045-15756 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 295441 Type: WELL API Number: 045-15757 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 295442 Type: WELL API Number: 045-15758 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 295443 Type: WELL API Number: 045-15759 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 295444 Type: WELL API Number: 045-15760 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 295445 Type: WELL API Number: 045-15761 Status: PR Insp. Status: PR**Producing Well**Comment: **Environmental****Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: BURGER, CRAIG

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): Y _____

Comment: _____

Pilot: ON _____ Wildlife Protection Devices (fired vessels): YES _____

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? In CM _____
CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? _____

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? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Inspector Name: BURGER, CRAIG

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

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
Berms	Pass	Culverts	Pass	MHSP	Pass	
Gravel	Pass	Check Dams	Pass			
Compaction	Pass	Ditches	Pass			

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: Some erosion on cut slopes on access road. BMP maintenance has been performed on access road since last inspection visit to this area.

CA: _____