

**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:

04/11/2013

Document Number:

670200340

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>288550</u>	<u>334624</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
Axelson, Aaron		aaxelson@billbarrettcorp.com	Production Foreman
Ghan, Scott		sghan@billbarrettcorp.com	Environmental Health & Safety Coordinator
Merry, Jesse		jmerry@billbarrettcorp.com	Area Superintendent
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor

Compliance Summary:

QtrQtr: <u>SESW</u>		Sec: <u>36</u>		Twp: <u>6S</u>		Range: <u>92W</u>	
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/30/2007	200208787	PR	PR	S			N
03/06/2007	200107966	DG	WO	S	I	P	N

Inspector Comment:

Inspection is unsatisfactory due to inadequate berm and open gauge hatch at 80 bbl tank.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
285834	WELL	PR	09/18/2007	GW	045-12562	MILLER 14B-36-692	X
285835	WELL	PR	09/18/2007	GW	045-12561	MILLER 14D-36-692	X
285836	WELL	PR	12/03/2008	GW	045-12560	MILLER 13B-36-692	X
285837	WELL	PR	08/31/2007	GW	045-12559	MILLER 24D-36-692	X
285838	WELL	PR	12/03/2008	GW	045-12558	MILLER 24B-36-692	X
285839	WELL	PR	08/31/2007	GW	045-12557	MILLER 23B-36-692	X
288532	WELL	PR	08/31/2007	GW	045-13289	MILLER 13A-36-692	X
288533	WELL	PR	12/03/2008	GW	045-13288	MILLER 14C-36-692	X
288534	WELL	PR	08/31/2007	GW	045-13287	MILLER 23A-36-692	X
288550	WELL	PR	09/18/2007	GW	045-13295	MILLER 14A-36-692	X
288552	WELL	PR	08/31/2007	GW	045-13293	MILLER 24C-36-692	X

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
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	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
SEPARATOR	Satisfactory	wire fence		
WELLHEAD	Satisfactory	cattle panel		
OTHER	Satisfactory	cattle panel at compressor and descaler units		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Vertical Separator	4	Satisfactory			
Flow Line	1	Satisfactory			
Compressor	1	Satisfactory			
Deadman # & Marked	7	Satisfactory			
Bird Protectors	13	Satisfactory			
Gas Meter Run	1	Satisfactory			
Horizontal Heated Separator	11	Satisfactory			
Ancillary equipment	4	Satisfactory	descaler units		
Emission Control Device	2	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
LUBE OIL	1	<50 BBLS	STEEL AST	39.479990,-107.618970
S/U/V:	Satisfactory	Comment:		
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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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	
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Comment	
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Facilities:	<input type="checkbox"/> New Tank	Tank ID: _____
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Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	<100 BBLS	STEEL AST	39.480180,-107.619130

S/U/V:	Unsatisfactory	Comment:	Gauge hatch laying on ground next to tank.
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Corrective Action:	Per rule 604.a.(9), hatches shall be closed at all times when not in use.	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	Inadequate	Walls Sufficient	Base Sufficient	Inadequate

Corrective Action	Provide 110% of tank capacity.	Corrective Date	04/26/2013
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Comment	Berm low where surface flow lines cross.
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Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	4	500 BBLS	STEEL AST		
S/U/V:	Satisfactory		Comment:	same berm as heated tanks	
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	5	500 BBLS	HEATED STEEL AST	39.480510,-107.619190	
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 Sufficent	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No	Comment				
YES	bradenhead valves open				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 334624

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: 285834 Type: WELL API Number: 045-12562 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 285835 Type: WELL API Number: 045-12561 Status: PR Insp. Status: PR

Producing WellComment: Facility ID: 285836 Type: WELL API Number: 045-12560 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 285837 Type: WELL API Number: 045-12559 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 285838 Type: WELL API Number: 045-12558 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 285839 Type: WELL API Number: 045-12557 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 288532 Type: WELL API Number: 045-13289 Status: PR Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: S/V: CA Date: CA: Comment: Facility ID: 288533 Type: WELL API Number: 045-13288 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 288534 Type: WELL API Number: 045-13287 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 288550 Type: WELL API Number: 045-13295 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 288552 Type: WELL API Number: 045-13293 Status: PR Insp. Status: PR**Producing Well**Comment: **Environmental****Spills/Releases:**Type of Spill: Description: Estimated Spill Volume:

Inspector Name: BURGER, CRAIG

Comment: <input style="width:700px" type="text"/>			
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:			
<input style="width:300px" type="text"/>			
Sample Location: <input style="width:400px" type="text"/>			
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? _____ 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? _____ 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
Waddles	Pass	Ditches	Pass			
Check Dams	Pass	Waddles	Pass			
Sediment Traps	Pass	Culverts	Pass			
Ditches	Pass	Check Dams	Pass			
		Sediment Traps	Pass			

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

Comment: Minor erosion rills are present on cut and fill slopes on location and on cut slopes on access road. Some gravel bag check dams on access road are silted in.

CA: _____