

FORM
INSPRev
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:

04/15/2013

Document Number:

670500840

Overall Inspection:

Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	429181	429179	MONTOYA, JOHN	<input type="checkbox"/>	

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
Pobuda, Mary	303-312-8511	mpobuda@billbarrettcorp.com	Permit Analyst Operations

Compliance Summary:

QtrQtr: NESE Sec: 3 Twp: 4N Range: 63W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
429177	WELL	PR	12/12/2012	OW	123-35732	70 Ranch 4-63-3-33H	X
429178	WELL	PR	12/12/2012	OW	123-35733	70 Ranch 4-63-3-49H	X
429180	WELL	PR	12/12/2012	OW	123-35734	70 Ranch 4-63-3-32H	X
429181	WELL	PR	12/11/2012	OW	123-35735	70 Ranch 4-63-3-48H	X

Equipment:

Location Inventory

Special Purpose Pits:	Drilling Pits:	Wells:	4	Production Pits:
Condensate Tanks:	Water Tanks:	2	Separators:	4
Gas or Diesel Mortors:	Cavity Pumps:	LACT Unit:		Pump Jacks:
Electric Generators:	Gas Pipeline:	Oil Pipeline:		Water Pipeline:
Gas Compressors:	VOC Combustor:	1	Oil Tanks:	8
Multi-Well Pits:	Pigging Station:		Flare:	
				Fuel Tanks:

Location

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Unsatisfactory	need wellhead signs	Install sign to comply with rule 210.d.	06/14/2013

Emergency Contact Number: (S/U/V)

Corrective Date:

Comment:

Inspector Name: MONTOYA, JOHN

Corrective Action:

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	4	Satisfactory			

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 429179

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:

Comment:

CA:

Date:

Wildlife BMPs:

BMP Type	Comment
Storm Water/Erosion Control	<p>GENERAL</p> <ul style="list-style-type: none"> • Utilize diking and other forms of containment and diversions around tanks, drums, chemicals, liquids, pits, impoundments, or well pads • Use drip pans, sumps, or liners where appropriate • Limit the amount of land disturbed during construction of pad, access road, and facilities • Employ spill response plan (SPCC) for all facilities • Dispose properly offsite any wastes fluids and other materials <p>MATERIAL HANDLING, ACTIVITIES, PRACTICES AND STORM WATER DIVERSION</p> <ul style="list-style-type: none"> • Secondary containment of tanks, drums, and storage areas is mandatory to prohibit discharges to surface waters. A minimum of 110% capacity required of largest storage tank within a containment area • Material handling and spill prevention procedures and practices will be followed to help prohibit discharges to surface waters • Proper loading, and transportation procedures to be followed for all materials to and from locations <p>EROSION CONTROL</p> <ul style="list-style-type: none"> • Pad and access road to be designed to minimize erosion • Pad and access road to implement appropriate erosion control devices where necessary to minimize erosion • Routine inspections of sites and controls to be implemented with additions, repairs, and optimization to occur as necessary to minimize erosion <p>SELF INSPECTION, MAINTENANCE, AND HOUSEKEEPING</p> <ul style="list-style-type: none"> • All employees are trained in spill response, good housekeeping, material management practices, and procedures for equipment and container washing annually • Conduct internal storm water inspections per applicable stormwater regulations • Conduct routine informal inspections of all tanks and storage facilities at least weekly • All containment areas are to be inspected weekly or following a heavy rain event. • Any excessive precipitation accumulation within containment should be removed as appropriate and disposed of properly • All structural berms, dikes, and containment will be inspected periodically to ensure they are operating correctly

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: _____

Inspector Name: MONTOYA, JOHN

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: 429177 Type: WELL API Number: 123-35732 Status: PR Insp. Status: PR

Facility ID: 429178 Type: WELL API Number: 123-35733 Status: PR Insp. Status: PR

Facility ID: 429180 Type: WELL API Number: 123-35734 Status: PR Insp. Status: PR

Facility ID: 429181 Type: WELL API Number: 123-35735 Status: PR Insp. Status: PR

Producing Well

Comment: pr

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:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

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 _____ 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? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? Pass 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? Pass

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

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

Comment: _____

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

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 ☐

Inspector Name: MONTOYA, JOHN

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____