

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

Inspection Date:
04/24/2013

Document Number:
670200367

Overall Inspection:
Unsatisfactory

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|----------------------|--------------------|--------------------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | <input type="checkbox"/> |
| | <u>211403</u> | <u>323982</u> | <u>BURGER, CRAIG</u> | 2A Doc Num: | |

Operator Information:

| | | | |
|-----------------------|------------------------------|-------------------|----------------------------------|
| OGCC Operator Number: | <u>10071</u> | Name of Operator: | <u>BARRETT CORPORATION* BILL</u> |
| Address: | <u>1099 18TH ST STE 2300</u> | | |
| City: | <u>DENVER</u> | State: | <u>CO</u> |
| | | Zip: | <u>80202</u> |

Contact Information:

| Contact Name | Phone | Email | Comment |
|-----------------|-------|------------------------------|---------------------|
| Kellerby, Shaun | | Shaun.Kellerby@state.co.us | NW Field Supervisor |
| Merry, Jesse | | jmerry@billbarrettcorp.com | Area Superintendent |
| Axelsson, Aaron | | aaxelson@billbarrettcorp.com | Production Foreman |

Compliance Summary:

| QtrQtr: | <u>NENW</u> | Sec: | <u>31</u> | Twp: | <u>6S</u> | Range: | <u>91W</u> |
|------------|-------------|------------|-------------|------------------------------|-----------|----------------|-----------------|
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 04/17/2002 | 200026254 | PR | PR | S | | P | N |
| 04/15/1999 | 500143035 | PR | PR | | | | |
| 09/14/1998 | 500143034 | PR | PR | | | F | N |
| 03/02/1998 | 500143033 | PR | PR | | | | |

Inspector Comment:

Inspection is unsatisfactory due to a methanol tank that is not provided with secondary containment. NOAV from 8/29/2012, document # 200362790 is not related to this well or location. It is for underground injection well API# 045 -13803 GGU RODREICK 21B-31-691 SWD located about a 1/4 mile to the west.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|------------------------|-------------------------------------|
| 211403 | WELL | PR | 07/27/1997 | GW | 045-07163 | GIBSON GULCH UNIT 3-31 | <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

| Signs/Marker: | | | | |
|----------------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Satisfactory | | | |
| BATTERY | Satisfactory | | | |
| TANK LABELS/PLACARDS | Satisfactory | | | |

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

Comment: _____

Corrective Action: _____

| Spills: | | | | |
|--|------|--------|-------------------|---------|
| Type | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| Fencing/: | | | | |
|------------------|-----------------------------|--------------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| TANK BATTERY | Satisfactory | barbed wire | | |
| SEPARATOR | Satisfactory | cattle panel | | |
| WELLHEAD | Satisfactory | cattle panel | | |

| Equipment: | | | | | |
|-----------------------------|---|-----------------------------|---|--|------------|
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Plunger Lift | 1 | Satisfactory | | | |
| Horizontal Heated Separator | 1 | Unsatisfactory | Separator is not provided with secondary containment. | Provide secondary containment for separator. | 05/22/2013 |
| Bird Protectors | 1 | Satisfactory | | | |
| Gas Meter Run | 1 | Satisfactory | | | |

Facilities: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|------------|---|-----------|-----------|--------|
| CONDENSATE | 1 | <100 BBLS | PBV STEEL | , |

S/U/V: Satisfactory Comment: same berm as 300 bbl tank

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 |
| METHANOL | 1 | <50 BBLS | STEEL AST | , |
| S/U/V: | Unsatisfactory | | Comment: | |
| Corrective Action: | | | | Corrective Date: 05/08/2013 |

Paint

| | |
|-----------|--|
| Condition | |
|-----------|--|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|------|----------|---------------------|---------------------|-------------|
| | | | | |

| | | | |
|-------------------|------------------------------------|-----------------|------------|
| Corrective Action | Provide secondary containment. | Corrective Date | 05/08/2013 |
| Comment | No secondary containment provided. | | |

| | | | | |
|--------------------|--------------|-----------------------------------|----------------|------------------------|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS |
| CONDENSATE | 1 | 300 BBLS | STEEL AST | 39.489800, -107.596040 |
| 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 |
|-------|----------|---------------------|---------------------|-------------|
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate |

| | | | |
|-------------------|--|-----------------|--|
| Corrective Action | | Corrective Date | |
| Comment | | | |

| | |
|-----------------|-----------------------|
| Venting: | |
| Yes/No | Comment |
| YES | bradenhead valve open |

| | | | | |
|-----------------|-----------------------------|---------|-------------------|---------|
| Flaring: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 323982

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: 211403 Type: WELL API Number: 045-07163 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

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): N
 Comment: _____
 Pilot: _____ 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? Fail CM deadmen not marked

CA mark deadmen CA Date 05/20/2013

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

Inspector Name: BURGER, CRAIG

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 _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction | Pass | Gravel | Pass | | | |
| | | Compaction | Pass | | | |

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

Comment: _____

CA: _____