

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:
04/30/2013

Document Number:
668401116

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>429731</u>	<u>429734</u>	<u>BROWNING, CHUCK</u>	2A Doc Num:	

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: NWNW Sec: 17 Twp: 9S Range: 98W

Inspector Comment:

Rigging up for BOP test. 10.75" Sfc casing set @ 1004'. BLM inspector onsite.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
429731	WELL	XX	07/27/2012	LO	077-10200	WhF DHS3C-19 D17998	<input checked="" type="checkbox"/>
429732	WELL	XX	07/27/2012	LO	077-10201	WhF DHS7C-20 D17998	<input type="checkbox"/>
429733	WELL	XX	07/27/2012	LO	077-10202	WhF DV04B-17 D17998	<input type="checkbox"/>
429735	WELL	XX	07/27/2012	LO	077-10203	WhF DHS1C-19 D17998	<input type="checkbox"/>
429736	WELL	DG	04/22/2013	LO	077-10204	WhF DHS3C-20 D17998	<input type="checkbox"/>
429737	WELL	XX	07/27/2012	LO	077-10205	WhF DHS5C-20 D17998	<input type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: <u> </u>	Drilling Pits: <u> </u>	Wells: <u>6</u>	Production Pits: <u> </u>
Condensate Tanks: <u>8</u>	Water Tanks: <u>8</u>	Separators: <u>5</u>	Electric Motors: <u> </u>
Gas or Diesel Mortors: <u> </u>	Cavity Pumps: <u> </u>	LACT Unit: <u> </u>	Pump Jacks: <u> </u>
Electric Generators: <u> </u>	Gas Pipeline: <u> </u>	Oil Pipeline: <u> </u>	Water Pipeline: <u> </u>
Gas Compressors: <u> </u>	VOC Combustor: <u>1</u>	Oil Tanks: <u> </u>	Dehydrator Units: <u> </u>
Multi-Well Pits: <u> </u>	Pigging Station: <u> </u>	Flare: <u> </u>	Fuel Tanks: <u> </u>

Location

Lease Road:

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

Group	User	Comment	Date
OGLA	kubeczko	<p data-bbox="383 130 662 163">SITE SPECIFIC COAs:</p> <p data-bbox="383 193 1360 428">Operator must ensure secondary containment for any volume of fluids contained at well site during drilling and completion operations (as indicated on the Construction Layout Drawings); including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures (i.e., best management practices (BMPs) associated with stormwater management) sufficiently protective of nearby surface water. Any berm constructed at the well pad location will be stabilized, inspected at regular intervals (at least every 14 days), and maintained in good condition.</p> <p data-bbox="383 457 1360 546">Operator must implement best management practices to contain any unintentional release of fluids, including any fluids conveyed via temporary surface or buried pipelines.</p> <p data-bbox="383 575 1192 609">Either a lined drilling pit or closed loop system must be implemented.</p> <p data-bbox="383 638 1360 751">The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings, if are to remain onsite, must also meet the applicable standards of table 910-1.</p> <p data-bbox="383 781 1360 1050">Notify the COGCC Oil and Gas Location Assessment (OGLA) Specialist for Western Colorado (Dave Kubeczko; email dave.kubeczko@state.co.us), the COGCC Field Inspection Supervisor for Northwest Colorado (Shaun Kellerby; email shaun.kellerby@state.co.us), and the COGCC Field Inspector for Garfield County (Mike Longworth; email mike.longworth@state.co.us) 48 hours prior to start of pad construction, pit liner installation (if applicable), rig mobilization, spud, and start of hydraulic stimulation operations using Form 42 (the appropriate COGCC individuals will automatically be email notified, including the LGD for hydraulic stimulation operations).</p> <p data-bbox="383 1079 1360 1287">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>	06/15/2012

Comment:

CA:

Date: _____

Wildlife BMPs:

BMP Type	Comment
Construction	Use solar panels as an alternative energy source for on-location production equipment, where appropriate, economically and technically feasible. ? Use multiple gathering lines placed in a single trench to minimize disturbance and construction, where appropriate, economically and technically feasible. ? Install pipeline crossings at right angles to the drainages, wetlands, and perennial water bodies, where appropriate, economically and technically feasible.
Wildlife	? Prohibit Encana employees and contractors from carrying projectile weapons on Encana leases. ? Prohibit pets on Encana leases. ? Strategically apply fugitive dust control measures, including enforcing established speed limits on Encana private roads, to reduce fugitive dust and coating of vegetation and deposition in water sources.

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: 429731 Type: WELL API Number: 077-10200 Status: XX Insp. Status: DG

Well Drilling

Rig: Rig Name: H&P 319 Pusher/Rig Manager: Kit Hatfield
 Permit Posted: Satisfactory Access Sign: Satisfactory

Well Control Equipment:
 Pipe Ram: YES Blind Ram: YES Hydril Type: YES
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____
 _____ YES

Drill Fluids Management:
 Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
 Multi-Well: YES Disposal Location: _____

Comment:
 Rigging up for BOP test. 10.75" Sfc casing set @ 1004'. BLM inspector onsite.

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:

[Empty comment box]

- 1003a. Debris removed? _____ CM _____
CA _____ CA Date _____
- Waste Material Onsite? _____ CM _____
CA _____ CA Date _____
- Unused or unneeded equipment onsite? _____ 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? _____ 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 _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

- 1003 f. Weeds Noxious weeds? _____
- Comment: [Empty comment box]

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

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

Final Land Use: RANGELAND

Reminder:

Comment: [Empty comment box]

- 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 _____

Inspector Name: BROWNING, CHUCK

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
Gravel	Pass					
Berms	Pass					
				MHSP	Pass	
		Gravel	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____