

**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:

05/06/2013

Document Number:

670200417

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>298791</u>	<u>335501</u>	<u>BURGER, CRAIG</u>	<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
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor
Axelson, Aaron		aaxelson@billbarrettcorp.com	Production Foreman
Merry, Jesse		jmerry@billbarrettcorp.com	Area Superintendent

**Compliance Summary:**

QtrQtr: NWSE		Sec: 26	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)
06/09/2011	200312462	CO	PR	S			N
04/20/2011	200309978	PR	PR	S			N
02/10/2011	200295996	PR	PR	S			N

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
298784	WELL	PR	04/05/2010	GW	045-17417	DOMMER 33D-26-692	<input checked="" type="checkbox"/>
298785	WELL	PR	05/17/2010	GW	045-17418	DOMMER 33B-26-692	<input checked="" type="checkbox"/>
298787	WELL	PR	05/17/2010	GW	045-17419	DOMMER 23A-26-692	<input checked="" type="checkbox"/>
298788	WELL	PR	04/05/2010	GW	045-17420	DOMMER 23D-26-692	<input checked="" type="checkbox"/>
298789	WELL	PR	05/17/2010	GW	045-17421	DOMMER 32A-26-692	<input checked="" type="checkbox"/>
298790	WELL	PR	05/17/2010	GW	045-17422	DOMMER 33A-26-692	<input checked="" type="checkbox"/>
298791	WELL	PR	04/05/2010	GW	045-17423	DOMMER 22A-26-692	<input checked="" type="checkbox"/>
298792	WELL	PR	05/12/2010	GW	045-17424	DOMMER 33C-26-692	<input checked="" type="checkbox"/>
298793	WELL	PR	05/12/2010	GW	045-17425	DOMMER 23B-26-692	<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
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			

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

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

#### Spills:

Type	Area	Volume	Corrective action	CA Date
------	------	--------	-------------------	---------

☐ Multiple Spills and Releases?

#### Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	cattle panel		
IGNITOR/COMBUST OR	Satisfactory	wire fence		
SEPARATOR	Satisfactory	wire fence		

#### Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	2	Satisfactory	descaler units		
Bird Protectors	9	Satisfactory			
Plunger Lift	9	Satisfactory			
Horizontal Heated Separator	9	Satisfactory			
Emission Control Device	1	Satisfactory			
Gathering Line	1	Satisfactory			
Gas Meter Run	2	Satisfactory			

<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
METHANOL	1	<50 BBLS	STEEL AST	,	
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					
<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	6	500 BBLS	HEATED STEEL AST	39.498010, -107.633430	
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					
<b>Venting:</b>					
Yes/No	Comment				
YES	bradenheads venting				
<b>Flaring:</b>					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

**Predrill**

Location ID: 335501

**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: 298784 Type: WELL API Number: 045-17417 Status: PR Insp. Status: PR

**Producing Well**

Comment: plunger lift

Facility ID: 298785 Type: WELL API Number: 045-17418 Status: PR Insp. Status: PR

**Producing Well**Comment: Facility ID: 298787 Type: WELL API Number: 045-17419 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 298788 Type: WELL API Number: 045-17420 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 298789 Type: WELL API Number: 045-17421 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 298790 Type: WELL API Number: 045-17422 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 298791 Type: WELL API Number: 045-17423 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 298792 Type: WELL API Number: 045-17424 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 298793 Type: WELL API Number: 045-17425 Status: PR Insp. Status: PR**Producing Well**Comment: **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:

Inspector Name: BURGER, CRAIG

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? In 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 ? 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?

Production areas have been stabilized? Pass 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? P

Comment:

Overall Interim Reclamation

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: Date Final Reclamation Completed:

Final Land Use:

Reminder:

Comment:

Inspector Name: BURGER, CRAIG

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	Check Dams	Pass			
Berms	Pass	Ditches	Pass	MHSP	Pass	
Ditches	Pass	Culverts	Pass			

S/U/V: Satisfactory

Corrective Date:

Comment:

CA: