

FORM INSP Rev 05/11	State of Colorado				DE	ET	OE	ES
	Oil and Gas Conservation Commission				Inspection Date: <u>05/06/2013</u>			
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109								

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>	2A Doc Num: _____
	293200	335500	BURGER, CRAIG		

Document Number:
670200418

Overall Inspection:
Unsatisfactory

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
Merry, Jesse		jmerry@billbarrettcorp.com	Area Superintendent
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor

Compliance Summary:

QtrQtr: SWSW 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	200312451	CO	PR	S			N
04/01/2009	200207767	CO	PR	S			N

Inspector Comment:

Inspection is unsatisfactory due to venting at one separator unit. COGCC staff informed BBC of the issue.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
293185	WELL	PR	09/18/2008	GW	045-14918	SCHIRER 13C-26-692	X
293186	WELL	PR	09/21/2008	GW	045-14919	SCHIRER 13B-26-692	X
293190	WELL	PR	09/15/2008	GW	045-14920	SCHIRER 13A-26-692	X
293192	WELL	PR	09/24/2008	GW	045-14921	SCHIRER 14B-26-692	X
293193	WELL	PR	11/12/2008	GW	045-14922	SCHIRER 14C-26-692	X
293196	WELL	PR	09/20/2008	GW	045-14923	SCHIRER 14D-26-692	X
293200	WELL	PR	09/23/2008	GW	045-14917	SCHIRER 13D-26-692	X

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			
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	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
SEPARATOR	Satisfactory	wire fence		
WELLHEAD	Satisfactory	cattle panel		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gathering Line	1	Satisfactory			
Bird Protectors	8	Satisfactory			
Deadman # & Marked	4	Satisfactory	some markers down or missing		
Plunger Lift	7	Satisfactory			
Gas Meter Run	2	Satisfactory			
Horizontal Heated Separator	7	Unsatisfactory	Venting occurring at one separator.	Per rule 604.d, securely fasten, inspect, and maintain all valves, pipes, and fittings in good working condition.	05/17/2013
Ancillary equipment	2	Satisfactory	descaler units		
Emission Control Device	1	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	4	OTHER	HEATED STEEL AST	39.493740,-107.642270	
S/U/V:	Satisfactory	Comment:			
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content)	_____				
Other (Capacity)	375 _____				
Other (Type)	_____				
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No	Comment				
YES	Venting at one separator unit. Bradenhead valves open.				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 335500

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: 293185 Type: WELL API Number: 045-14918 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 293186 Type: WELL API Number: 045-14919 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 293190 Type: WELL API Number: 045-14920 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 293192 Type: WELL API Number: 045-14921 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 293193 Type: WELL API Number: 045-14922 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 293196 Type: WELL API Number: 045-14923 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 293200 Type: WELL API Number: 045-14917 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:

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? In CM _____

CA _____ CA Date _____

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? 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: _____

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: BURGER, CRAIG

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
Berms	Pass	Check Dams	Pass			
Waddles	Pass	Ditches	Pass	MHSP	Pass	
Blankets	Pass	Culverts	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____