

Inspector Name: NEIDEL, KRIS

**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:

05/01/2013

Document Number:

669300538

Overall Inspection:

**Unsatisfactory****FIELD INSPECTION FORM**

|                     |             |        |                 |  |
|---------------------|-------------|--------|-----------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection                         |
|                     | 223028      | 312958 | NEIDEL, KRIS    | <input type="checkbox"/> 2A Doc Num: _____ |

**Operator Information:**

OGCC Operator Number: 6720 Name of Operator: BAYLESS PRODUCER LLC\* ROBERT L

Address: 621 17TH ST STE 2300

City: DENVER State: CO Zip: 80293

**Contact Information:**

| Contact Name | Phone        | Email                 | Comment |
|--------------|--------------|-----------------------|---------|
| thomas, john | 505-326-2659 | jthomas@rlbayless.com |         |

**Compliance Summary:**

| QtrQtr: NESW | Sec: 25   | Twp: 8N    | Range: 91W  |                              |          |                |                 |
|--------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| Insp. Date   | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 09/07/2006   | 200102904 | PR         | PR          | U                            |          | P              | N               |
| 03/26/2003   | 200038888 | PR         | PR          | S                            |          | P              | N               |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name                |                                     |
|-------------|------|--------|-------------|------------|-----------|------------------------------|-------------------------------------|
| 223028      | WELL | PR     | 09/17/1979  | OW         | 081-06390 | COTTONWOOD GULCH FEDERAL A-2 | <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 Motors: _____ | 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****Lease Road:**

| Type   | Satisfactory/Unsatisfactory | comment | Corrective Action | Date |
|--------|-----------------------------|---------|-------------------|------|
| Access | Satisfactory                |         |                   |      |

**Signs/Marker:**

| Type                 | Satisfactory/Unsatisfactory | Comment            | Corrective Action                       | CA Date    |
|----------------------|-----------------------------|--------------------|---|------------|
| TANK LABELS/PLACARDS | Unsatisfactory              | no labels on tank. | Install sign to comply with rule 210.d. | 06/11/2013 |

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|          |                |                      |   |            |
|----------|----------------|----------------------|---|------------|
| WELLHEAD | Unsatisfactory | no sign at wellhead. | Install sign to comply with rule 210.d. | 06/11/2013 |
|----------|----------------|----------------------|---|------------|

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 06/11/2013

Comment: no emergency number on location.

Corrective Action: install sign to comply with rule 210

**Spills:**

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

☐ Multiple Spills and Releases?**Equipment:**

| Type                        | # | Satisfactory/Unsatisfactory | Comment     | Corrective Action  | CA Date    |
|-----------------------------|---|-----------------------------|-------------|--|------------|
| Horizontal Heated Separator | 1 | Unsatisfactory              | not bermed. | separators (containing hydrocarbon) are considered a tank and should have 2nd containment. | 05/01/2014 |

**Facilities:**☐ New Tank

Tank ID: \_\_\_\_\_

| Contents   | # | Capacity | Type      | SE GPS |
|------------|---|----------|-----------|--------|
| CONDENSATE | 1 | 300 BBLS | STEEL AST | ,      |

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 | Inadequate | Walls Sufficient    | Base Sufficient     | Inadequate  |

Corrective Action Berms should be able to contain the largest single tank and inspected and maintained in good condition. See rule 604.a.4

Corrective Date 06/11/2013

Comment Berms on tanks are eroded, not being maintained in good condition

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|                        |  |                                   |                     |                  |            |
|------------------------|--|-----------------------------------|---------------------|------------------|------------|
| <b>Facilities:</b>     |  | <input type="checkbox"/> New Tank |                     | Tank ID: _____   |            |
| Contents               | #  | Capacity                          | Type                | SE GPS           |            |
| PRODUCED WATER         | 1  | 300 BBLS                          | STEEL AST           |                  |            |
| S/U/V:                 | Satisfactory   |                                   | Comment:            |                  |            |
| Corrective Action:     |  |                                   |                     | Corrective Date: |            |
| <b>Paint</b>           |  |                                   |                     |                  |            |
| Condition              | Adequate   |                                   |                     |                  |            |
| Other (Content) _____  |  |                                   |                     |                  |            |
| Other (Capacity) _____ |  |                                   |                     |                  |            |
| Other (Type) _____     |  |                                   |                     |                  |            |
| <b>Berms</b>           |  |                                   |                     |                  |            |
| Type                   | Capacity   | Permeability (Wall)               | Permeability (Base) | Maintenance      |            |
| Earth                  | Inadequate   | Walls Sufficient                  | Base Sufficient     | Inadequate       |            |
| Corrective Action      | Berms should be able to contain the largest single tank and inspected and maintained in good condition. See rule 604.a.4 |                                   |                     | Corrective Date  | 06/11/2013 |
| Comment                | capacity is not adequate, berms have erroded.  |                                   |                     |                  |            |
| <b>Venting:</b>        |  |                                   |                     |                  |            |
| Yes/No                 | Comment  |                                   |                     |                  |            |
| <b>Flaring:</b>        |  |                                   |                     |                  |            |
| Type                   | Satisfactory/Unsatisfactory  | Comment                           | Corrective Action   | CA Date          |            |
|                        |  |                                   |                     |                  |            |

**Predrill**

Location ID: 312958

**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: 223028 Type: WELL API Number: 081-06390 Status: PR Insp. Status: PR

**Producing Well**

Comment: capable of production

**Environmental****Spills/Releases:**

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|  |                              |                               |
|--|------------------------------|-------------------------------|
| Type of Spill: _____   | Description: _____           | Estimated Spill Volume: _____ |
| Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |                              |                               |
| Corrective Action: _____   |                              | Date: _____                   |
| Reportable: _____  | GPS: Lat _____               | Long _____                    |
| Proximity to Surface Water: _____  | Depth to Ground Water: _____ |                               |

|                        |                   |             |            |
|------------------------|-------------------|-------------|------------|
| <b>Water Well:</b>     |                   | Lat _____   | Long _____ |
| DWR Receipt Num: _____ | Owner Name: _____ | GPS : _____ |            |

**Field Parameters:**

Sample Location: \_\_\_\_\_

|   |
|---|
| Emission Control Burner (ECB): _____                            |
| Comment: _____  |
| Pilot: _____ Wildlife Protection Devices (fired vessels): _____ |

**Reclamation - Storm Water - Pit**

|  |   |
|--|---|
| <b>Interim Reclamation:</b>  |   |
| Date Interim Reclamation Started: _____  | Date Interim Reclamation Completed: _____   |
| Land Use: _____  |   |
| Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |   |
| 1003a.   | Debris removed? <u>Pass</u> CM _____  |
|  | CA _____ CA Date _____  |
|  | Waste Material Onsite? <u>Pass</u> CM _____   |
|  | CA _____ CA Date _____  |
|  | Unused or unneeded equipment onsite? <u>Pass</u> CM _____   |
|  | CA _____ CA Date _____  |
|  | Pit, cellars, rat holes and other bores closed? <u>Pass</u> 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? <u>Pass</u> Production areas stabilized ? <u>Pass</u>  |
| 1003c.   | Compacted areas have been cross ripped? <u>Pass</u>   |
| 1003d.   | Drilling pit closed? <u>Pass</u> 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? <u>Pass</u> |
|  | Production areas have been stabilized? _____ Segregated soils have been replaced? _____                                     |
| RESTORATION AND REVEGETATION   |   |
| <u>Cropland</u>  |   |

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Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top soil replaced \_\_\_\_\_

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: \_\_\_\_\_

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       |                 |                         |                       |               |                          |         |
| Seeding          |                 |                         |                       |               |                          |         |

S/U/V: Satisfactory Corrective Date: \_\_\_\_\_

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

CA: \_\_\_\_\_