

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:
05/21/2013

Document Number:
670200479

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>299221</u>	<u>335040</u>	<u>BURGER, CRAIG</u>	2A Doc Num:	

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
Merry, Jesse		jmerry@billbarrettcop.com	Area Superintendent
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor
Axelsson, Aaron		aaxelson@billbarrettcop.com	Production Foreman

Compliance Summary:

QtrQtr: SENE Sec: 36 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)
10/12/2011	200325879	PR	PR	S			N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
299214	WELL	PR	03/27/2010	GW	045-17614	MILLER 33B-36-692	X
299215	WELL	PR	03/27/2010	GW	045-17615	MILLER 33C-36-692	X
299216	WELL	PR	04/13/2010	GW	045-17616	MILLER 44D-36-692	X
299217	WELL	PR	04/13/2010	GW	045-17617	MILLER 43A-36-692	X
299218	WELL	PR	04/28/2010	GW	045-17618	MILLER 43D-36-692	X
299219	WELL	PR	04/28/2010	GW	045-17619	MILLER 43C-36-692	X
299220	WELL	PR	04/28/2010	GW	045-17620	MILLER 33D-36-692	X
299221	WELL	PR	04/26/2010	GW	045-17621	MILLER 42A-36-692	X
299222	WELL	PR	03/27/2010	GW	045-17622	MILLER 43B-36-692	X
299223	WELL	PR	04/26/2010	GW	045-17623	MILLER 32A-36-692	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			
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			

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

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL	Satisfactory	One small plastic tank stored by separators.		

Spills:

Type	Area	Volume	Corrective action	CA Date
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Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
SEPARATOR	Satisfactory	wire fence		
IGNITOR/COMBUSTOR	Satisfactory	wire fence		
TANK BATTERY	Satisfactory	cattle panel		
WELLHEAD	Satisfactory	cattle panel		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heater Treater	1	Satisfactory			
Deadman # & Marked	14	Satisfactory	some markers down		
Ancillary equipment	2	Satisfactory	descaler units		
Horizontal Heated Separator	10	Satisfactory	Earth berm, units about 8' by 20" cylindrical tanks.		
Pig Station	1	Satisfactory			
Emission Control Device	1	Satisfactory			

Inspector Name: BURGER, CRAIG

Gathering Line	1	Satisfactory		
Gas Meter Run	2	Satisfactory		
Plunger Lift	10	Satisfactory		
Bird Protectors	10	Satisfactory		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	8	OTHER	HEATED STEEL AST	39.486930,-107.610670

S/U/V: _____ Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition _____

Other (Content) _____

Other (Capacity) 625 bbl _____

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	bradenhead valves open

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ignitor/Combustor	Satisfactory			

Predrill

Location ID: 335040

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: 299214 Type: WELL API Number: 045-17614 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 299215 Type: WELL API Number: 045-17615 Status: PR Insp. Status: PR

Producing Well				
Comment: <input style="width: 80%;" type="text" value="plunger lift"/>				
Facility ID: <u>299216</u>	Type: <u>WELL</u>	API Number: <u>045-17616</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input style="width: 80%;" type="text" value="plunger lift"/>				
Facility ID: <u>299217</u>	Type: <u>WELL</u>	API Number: <u>045-17617</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input style="width: 80%;" type="text" value="plunger lift"/>				
Facility ID: <u>299218</u>	Type: <u>WELL</u>	API Number: <u>045-17618</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input style="width: 80%;" type="text" value="plunger lift"/>				
Facility ID: <u>299219</u>	Type: <u>WELL</u>	API Number: <u>045-17619</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input style="width: 80%;" type="text" value="plunger lift"/>				
Facility ID: <u>299220</u>	Type: <u>WELL</u>	API Number: <u>045-17620</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input style="width: 80%;" type="text" value="plunger lift"/>				
Facility ID: <u>299221</u>	Type: <u>WELL</u>	API Number: <u>045-17621</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input style="width: 80%;" type="text" value="plunger lift"/>				
Facility ID: <u>299222</u>	Type: <u>WELL</u>	API Number: <u>045-17622</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input style="width: 80%;" type="text" value="plunger lift"/>				
Facility ID: <u>299223</u>	Type: <u>WELL</u>	API Number: <u>045-17623</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input style="width: 80%;" type="text" value="plunger lift"/>				

Environmental				
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Spills/Releases:				
Type of Spill: _____	Description: _____	Estimated Spill Volume: _____		
Comment: <input style="width: 90%;" type="text"/>				
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? In 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? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? Pass

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 _____
 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	Check Dams	Pass			
Seeding	Pass	Gravel	Pass			
Ditches	Pass	Ditches	Pass			
Berms	Pass	Culverts	Pass	MHSP	Pass	
Check Dams	Pass					

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

Comment: _____

CA: _____