

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:
06/26/2013

Document Number:
663801183

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>335836</u>	<u>335836</u>	<u>LONGWORTH, MIKE</u>	2A Doc Num:	

Operator Information:

OGCC Operator Number: 10091 Name of Operator: BERRY PETROLEUM COMPANY
 Address: 1999 BROADWAY STE 3700
 City: DENVER State: CO Zip: 80202

Contact Information:

Contact Name	Phone	Email	Comment
Johnson, Derek	970-285-2200	DSJ@Bry.com	

Compliance Summary:

QtrQtr: SWSE Sec: 29 Twp: 5S Range: 96W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
289019	WELL	PR	11/18/2010	GW	045-13650	LATHAM 29-27D	<input checked="" type="checkbox"/>
289020	WELL	PR	05/31/2012	GW	045-13649	LATHAM 29-18D	<input checked="" type="checkbox"/>
289021	WELL	IJ	08/13/2012	DSPW	045-13648	Latham 29-17D	<input type="checkbox"/>
289022	WELL	PR	05/31/2012	GW	045-13647	LATHAM 29-19D	<input checked="" type="checkbox"/>
289023	WELL	DA	09/03/2008	LO	045-13646	LATHAM 29-30D	<input type="checkbox"/>
289024	WELL	PR	11/03/2010	GW	045-13645	LATHAM 29-29D	<input checked="" type="checkbox"/>
289025	WELL	PR	11/18/2010	GW	045-13644	LATHAM 29-25D	<input checked="" type="checkbox"/>
289026	WELL	PR	11/03/2010	GW	045-13643	LATHAM 29-26D	<input checked="" type="checkbox"/>
290544	PIT	AC	05/10/2007		-	LATHAM O-29	<input type="checkbox"/>

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

Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Main	Satisfactory	Road graders and front end loaders working on roads		
Access	Satisfactory			

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
CONTAINERS	Satisfactory			
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory	New tanks in new battery need labeled before use.		

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	Fencing panels and poly pipe on edge of location need to be removed from location.		

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
PIT	Satisfactory	fence/netting combo		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	7	Satisfactory			
Bird Protectors	5	Satisfactory	on separators		
Horizontal Heated Separator	4	Satisfactory	Production tanks		
Ancillary equipment	2	Satisfactory	injection pumps 1 permanent 1 temporary		
Bird Protectors	6	Satisfactory	new tank battery with heated tanks. 2 tanks still need bird protectors installed.		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
OTHER	1	<100 BBLS	PBV STEEL	,
S/U/V:	Unsatisfactory		Comment:	
Corrective Action:	Label tank			Corrective Date: 07/05/2013

Paint

Condition	Adequate
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Other (Content) Contents not posted on tank _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
OTHER	1	300 BBLS	HEATED STEEL AST	,
S/U/V:	Satisfactory		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	300 BBLS	HEATED STEEL AST	39.579770,108.190590
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	North west corner of berm has been damaged and is bent.			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
OTHER	5	500 BBLS	HEATED STEEL AST	39.579920,108.192250
S/U/V:	Satisfactory		Comment: Battery not in use yet	
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				

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

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Predrill

Location ID: 335836

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: 289019 Type: WELL API Number: 045-13650 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 289020 Type: WELL API Number: 045-13649 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 289022 Type: WELL API Number: 045-13647 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 289024 Type: WELL API Number: 045-13645 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 289025 Type: WELL API Number: 045-13644 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 289026 Type: WELL API Number: 045-13643 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

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: _____

Comment: _____

1003a. Debris removed? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? In CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____ CM _____

CA _____ CA Date _____

Guy line anchors removed? Pass CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

1003b. Area no longer in use? In Production areas stabilized ? Pass

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? P

Comment:

Overall Interim Reclamation In Process

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
Seeding	Fail	Waddles	Pass			
Berms	Pass	Berms	Pass	MHSP	Pass	
Compaction	Pass	Compaction	Pass			
Ditches	Pass	Culverts	Pass			
Gravel	Pass	Ditches	Pass			

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

Comment:

CA:

Permit:	Facility ID	Permit Num	Expiration Date
	290544	1433637	