

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:
06/28/2013

Document Number:
670200606

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>288550</u>	<u>334624</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
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: SESW 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)
04/11/2013	670200340	PR	PR	U			N
11/30/2007	200208787	PR	PR	S			N
03/06/2007	200107966	DG	WO	S	I	P	N

Inspector Comment:

Issues from 4/11/13 inspection have been addressed.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
285834	WELL	PR	09/18/2007	GW	045-12562	MILLER 14B-36-692	X
285835	WELL	PR	09/18/2007	GW	045-12561	MILLER 14D-36-692	X
285836	WELL	PR	12/03/2008	GW	045-12560	MILLER 13B-36-692	X
285837	WELL	PR	08/31/2007	GW	045-12559	MILLER 24D-36-692	X
285838	WELL	PR	12/03/2008	GW	045-12558	MILLER 24B-36-692	X
285839	WELL	PR	08/31/2007	GW	045-12557	MILLER 23B-36-692	X
288532	WELL	PR	08/31/2007	GW	045-13289	MILLER 13A-36-692	X
288533	WELL	PR	12/03/2008	GW	045-13288	MILLER 14C-36-692	X
288534	WELL	PR	08/31/2007	GW	045-13287	MILLER 23A-36-692	X
288550	WELL	PR	09/18/2007	GW	045-13295	MILLER 14A-36-692	X
288552	WELL	PR	08/31/2007	GW	045-13293	MILLER 24C-36-692	X

Equipment:

Location Inventory

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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: _____

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		
OTHER	Satisfactory	cattle panel around compressor		
WELLHEAD	Satisfactory	cattle panel		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	4	Satisfactory	descaler units		
Bird Protectors	13	Satisfactory			
Compressor	1	Satisfactory			
Gas Meter Run	1	Satisfactory			
Emission Control Device	2	Satisfactory			
Deadman # & Marked	7	Satisfactory			
Plunger Lift	11	Satisfactory			
Horizontal Heated Separator	11	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	STEEL AST	39.480180,-107.619130
S/U/V:	Satisfactory	Comment:	80 bbl piped from vertical sand separators	
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
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
LUBE OIL	1	<50 BBLS	STEEL AST	39.479990,-107.618970
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				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	9	500 BBLS	HEATED STEEL AST	39.480510,-107.619190	
S/U/V:	Satisfactory	Comment:	5 heated, 4 not heated		
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content)	_____				
Other (Capacity)	_____				
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: 334624

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: 285834 Type: WELL API Number: 045-12562 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 285835 Type: WELL API Number: 045-12561 Status: PR Insp. Status: PR

Producing Well				
Comment: <input style="width: 80%;" type="text" value="plunger lift"/>				
Facility ID: <u>285836</u>	Type: <u>WELL</u>	API Number: <u>045-12560</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>285837</u>	Type: <u>WELL</u>	API Number: <u>045-12559</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>285838</u>	Type: <u>WELL</u>	API Number: <u>045-12558</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>285839</u>	Type: <u>WELL</u>	API Number: <u>045-12557</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>288532</u>	Type: <u>WELL</u>	API Number: <u>045-13289</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>288533</u>	Type: <u>WELL</u>	API Number: <u>045-13288</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>288534</u>	Type: <u>WELL</u>	API Number: <u>045-13287</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>288550</u>	Type: <u>WELL</u>	API Number: <u>045-13295</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>288552</u>	Type: <u>WELL</u>	API Number: <u>045-13293</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input style="width: 80%;" type="text" value="plunger lift"/>				

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): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: Fill slope east and north of pad has sparse vegetation.

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? Pass CM Some markers down.

CA _____ CA Date _____

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

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
Blankets	Pass	Sediment Traps	Pass			
Rip Rap	Pass	Culverts	Pass	MHSP	Pass	
Sediment Traps	Pass	Ditches	Pass			
Ditches	Pass	Waddles	Pass			
Waddles	Pass	Check Dams	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: Erosion rills are present on cut and fill slopes on location and on cut slopes on access road.

CA: