

**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:

06/26/2013

Document Number:

669400798

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|---------------|---------------|-------------------------|--------------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | |
| | <u>215178</u> | <u>325656</u> | <u>LABOWSKIE, STEVE</u> | 2A Doc Num: | |

Operator Information:OGCC Operator Number: 10000 Name of Operator: BP AMERICA PRODUCTION COMPANYAddress: 501 WESTLAKE PARK BLVDCity: HOUSTON State: TX Zip: 77079**Contact Information:**

| Contact Name | Phone | Email | Comment |
|----------------|-----------------------------------|----------------------|---------------------------------|
| Floyd, Tankard | (970) 375-7572 | tankard.floyd@bp.com | Environmental Advisor |
| Fauth, Dan | (970) 749-4238 | daniel.fauth@bp.com | Environmental Advisor (Durango) |
| Best, Julie | (970) 375-7540/ (970) 394-0131 | julie.best@bp.com | Environmental Advisor |

Compliance Summary:QtrQtr: SWSE Sec: 29 Twp: 33N Range: 6W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 04/17/2007 | 200120397 | PR | PR | S | | | N |
| 04/11/2007 | 200120396 | PR | PR | S | | | N |
| 12/19/2005 | 200085733 | PR | PR | S | | P | N |
| 08/06/2004 | 200062850 | PR | PR | S | | P | N |
| 11/21/2002 | 200032887 | PR | PR | S | | P | N |
| 04/10/2000 | 200006249 | BH | SI | S | | P | N |
| 01/10/2000 | 200003963 | PR | PR | S | | P | N |
| 04/23/1997 | 500148633 | BH | PR | | | P | N |
| 12/08/1995 | 500148632 | PR | PR | | | F | Y |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------------------------------|
| 215178 | WELL | PR | 10/01/1986 | GW | 067-06783 | SOUTHERN UTE 29-1 2 | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

Inspector Name: LABOWSKIE, STEVE

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 |
|----------------------|-----------------------------|---------|-------------------|---------|
| TANK LABELS/PLACARDS | Satisfactory | | | |
| WELLHEAD | Satisfactory | | | |

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

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|-------|-----------|-----------|--|------------|
| Other | Pump Jack | <= 5 bbls | oxidized gravel near lube tank/muffler, clean-up, find source of release | 08/02/2013 |

☐ Multiple Spills and Releases?

Fencing/:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-----------|-----------------------------|---------------------------------------|-------------------|---------|
| PUMP JACK | Satisfactory | | | |
| OTHER | Satisfactory | all other equipment with stock panels | | |

Equipment:

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|---------------------------|---|-----------------------------|---|-------------------|---------|
| Vertical Heated Separator | 1 | Satisfactory | | | |
| Gas Meter Run | 1 | Satisfactory | | | |
| Flow Line | 1 | Satisfactory | | | |
| Ancillary equipment | 1 | Satisfactory | pump controller | | |
| Bird Protectors | 1 | Satisfactory | | | |
| Ancillary equipment | 1 | Satisfactory | telemetry | | |
| Prime Mover | 1 | Satisfactory | natural gas engine w/ lube tank, good spill prevention. | | |
| Pump Jack | 1 | Satisfactory | on concrete | | |

| | | | | | |
|-------------------------------|-----------------------------|-----------------------------------|---------------------|----------------|------------------|
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| PRODUCED WATER | 1 | OTHER | PBV STEEL | | |
| S/U/V: | Satisfactory | | Comment: | | |
| Corrective Action: | | | | | Corrective Date: |
| Paint | | | | | |
| Condition | Adequate | | | | |
| Other (Content) _____ | | | | | |
| Other (Capacity) 95 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 | | | |
| | | | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| | | | | | |

Predrill

Location ID: 325656

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: 215178 Type: WELL API Number: 067-06783 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Environmental**Spills/Releases:**

Inspector Name: LABOWSKIE, STEVE

| | | |
|--|------------------------------|-------------------------------|
| 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: _____ | |

| | | | |
|------------------------|-------------------|-------------|------------|
| Water Well: | | 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

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? | Pass | CM | _____ | CA | _____ | CA Date | _____ |
| | Guy line anchors removed? | | CM | _____ | CA | _____ | CA Date | _____ |
| | Guy line anchors marked? | Pass | 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? 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? In

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Inspector Name: LABOWSKIE, STEVE

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass

Recontoured Pass

80% Revegetation In

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|----------------|
| Gravel | Pass | Gravel | Pass | MHSP | Pass | |
| Compaction | Pass | Culverts | Pass | | | |
| Berms | Pass | Compaction | Pass | | | run-on control |

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____