

**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:

08/13/2013

Document Number:

663900691

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335616	335616	LONGWORTH, MIKE	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10091 Name of Operator: BERRY PETROLEUM COMPANYAddress: 1999 BROADWAY STE 3700City: DENVER State: CO Zip: 80202**Contact Information:**

Contact Name	Phone	Email	Comment
KELLERBY, SHAUN		shaun.kellerby@state.co.us	
Johnson, Derek	970-285-2200	DSJ@Bry.com	

Compliance Summary:QtrQtr: NWSE Sec: 13 Twp: 6S Range: 97W**Inspector Comment:**

There are 2 piles of earth on NW and North edges of location. Contacted Derek Johson of Berry Petro. Co. Piles are landfarming material. PA well is still in an open cellar and braden lines are still hooked up and sticking out of cellar. Water in the cellar, asked pumper to have fluid sucked out and Gonzo trucking showed up shortly after. Derek Johnson (Berry Petro Co) was contacted to take care of PA well closer of cellar.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
275991	WELL	PA	05/09/2011	GW	045-10414	CHEVRON 33B-13	<input checked="" type="checkbox"/>
286649	WELL	PR	11/09/2009	GW	045-12719	CHEVRON 13-13D	<input checked="" type="checkbox"/>
286650	WELL	PR	06/14/2008	GW	045-12718	CHEVRON 13-14D	<input checked="" type="checkbox"/>
286651	WELL	PR	01/12/2010	GW	045-12717	CHEVRON 13-16D	<input checked="" type="checkbox"/>
293707	WELL	PR	06/03/2008	GW	045-15112	CHEVRON 33B-13R	<input checked="" type="checkbox"/>
293716	WELL	PR	05/03/2008	GW	045-15113	CHEVRON 275-13	<input checked="" type="checkbox"/>
293717	WELL	PR	10/15/2009	GW	045-15114	CHEVRON 13-8D	<input checked="" type="checkbox"/>
293718	WELL	PR	06/21/2008	GW	045-15115	CHEVRON 13-7D	<input checked="" type="checkbox"/>
414674	PIT	AC	12/08/2009		-	J-13	<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
Access	Satisfactory			

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory			
CONTAINERS	Satisfactory			
WELLHEAD	Satisfactory			
BATTERY	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
LOCATION	Satisfactory			
WELLHEAD	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	7	Satisfactory			
Ancillary equipment	1	Satisfactory	Tote of well treatment chemical at well		
Deadman # & Marked	3	Unsatisfactory	2 unmarked deadmen	Mark or remove deadmen	09/14/2013
Bird Protectors	9	Satisfactory	4 on heated tanks and 5 on separators		
Horizontal Heated Separator	7	Satisfactory	1 quad 1 double 1 single		

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
METHANOL	1	<50 BBLS	STEEL AST	39.521100,108.166840	
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	1	<100 BBLS	PBV STEEL	,	
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	
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	39.521100,108.166510	
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	
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: 335616

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: 275991 Type: WELL API Number: 045-10414 Status: PA Insp. Status: PA

Facility ID: 286649 Type: WELL API Number: 045-12719 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Inspector Name: LONGWORTH, MIKE

Facility ID: 286650	Type: WELL	API Number: 045-12718	Status: PR	Insp. Status: PR
<u>Producing Well</u>				
Comment: Producing well				

Facility ID: 286651	Type: WELL	API Number: 045-12717	Status: PR	Insp. Status: PR
<u>Producing Well</u>				
Comment: Producing well				

Facility ID: 293707	Type: WELL	API Number: 045-15112	Status: PR	Insp. Status: PR
<u>Producing Well</u>				
Comment: Producing well				

Facility ID: 293716	Type: WELL	API Number: 045-15113	Status: PR	Insp. Status: PR
<u>Producing Well</u>				
Comment: Producing well				

Facility ID: 293717	Type: WELL	API Number: 045-15114	Status: PR	Insp. Status: PR
<u>Producing Well</u>				
Comment: Producing well				

Facility ID: 293718	Type: WELL	API Number: 045-15115	Status: PR	Insp. Status: PR
<u>Producing Well</u>				
Comment:				

<u>Environmental</u>

<u>Spills/Releases:</u>		
Type of Spill: _____	Description: _____	Estimated Spill Volume: _____
Comment: _____		
Corrective Action: _____		Date: _____
Reportable: _____	GPS: Lat _____ Long _____	
Proximity to Surface Water: _____	Depth to Ground Water: _____	

<u>Water Well:</u>		Lat _____	Long _____
DWR Receipt Num: _____	Owner Name: _____	GPS : _____	_____

<u>Field Parameters:</u>
Sample Location: _____
Emission Control Burner (ECB): _____
Comment: _____
Pilot: _____ Wildlife Protection Devices (fired vessels): _____

<u>Reclamation - Storm Water - Pit</u>

<u>Interim Reclamation:</u>	
Date Interim Reclamation Started: _____	Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Debris removed? Pass CM _____
 CA _____ CA Date _____
 Waste Material Onsite? In CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? Pass CM _____
 CA _____ CA Date _____
 Pit, cellars, rat holes and other bores closed? Fail CM open cellar around PA well
 CA Close cellar of PA well CA Date 09/14/2013
 Guy line anchors removed? Fail CM 2 unmarked deadmen
 CA Mark or remove deadmen CA Date 09/14/2013
 Guy line anchors marked? Fail CM 2 unmarked deadmen
 CA Mark or remove deadmen CA Date 09/14/2013

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? In

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? _____

Comment: 2 piles of earth being land farmed at the edges of location. Bermed into location berm.

Overall Interim Reclamation Fail

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 _____

Inspector Name: LONGWORTH, MIKE

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
Berms	Pass	Berms	Pass	MHSP	Pass	Secondary containment for tanks and totes
Seeding		Ditches	Pass			
Gravel	Pass	Culverts	Pass			
Compaction	Pass	Compaction	Pass			

S/U/V: Satisfactory _____

Corrective Date: _____

Comment: _____

CA: _____

Permit:	Facility ID	Permit Num	Expiration Date
	414674	1631359	
	414674	1631359	