

**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
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Inspection Date:

09/06/2013

Document Number:

670200823

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	
	<u>211271</u>	<u>334860</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		jerry@billbarrettcorp.com	
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor
Axelson, Aaron	(970) 876-1959	aaxelson@billbarrettcorp.com	Production Foreman

Compliance Summary:

QtrQtr: <u>NESW</u>	Sec: <u>32</u>	Twp: <u>6S</u>	Range: <u>91W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/25/2010	200238371	BH	SI	S			N
09/02/2008	200194587	PR	PR	S	I		N
04/17/2002	200026255	PR	PR	S		P	N
03/02/1999	500142844	PR	PR				
12/28/1995	500142843	DG	DG			P	
12/11/1995	500142842	DG	DG			P	

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
211271	WELL	SI	05/09/2013	OW	045-07030	GIBSON GULCH UNIT 11-32	<input checked="" type="checkbox"/>
276114	WELL	PR	04/02/2008	GW	045-10425	GGU MILLER 13A-32-691	<input checked="" type="checkbox"/>
276115	WELL	AL	03/11/2005	LO	045-10424	GGU MILLER 13B-32-691	<input type="checkbox"/>
276116	WELL	PR	12/29/2005	GW	045-10423	GGU MILLER 13C-32-691	<input checked="" type="checkbox"/>
276117	WELL	PR	12/28/2005	GW	045-10422	GGU MILLER 23A-32-691	<input checked="" type="checkbox"/>
276119	WELL	AL	03/11/2005	LO	045-10421	GGU MILLER 23C-32-691	<input type="checkbox"/>
276120	WELL	PR	01/16/2006	GW	045-10420	GGU MILLER 23D-32-691	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: BURGER, CRAIG

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
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory			
SEPARATOR	Satisfactory			
WELLHEAD	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	4	Satisfactory			
Vertical Separator	2	Satisfactory	By wellheads piped to 100 bbl tank.		
Plunger Lift	5	Satisfactory			
Bird Protectors	5	Satisfactory			
Deadman # & Marked	4	Satisfactory			
Gas Meter Run	1	Satisfactory			
Gathering Line	1	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	1	100 BBLS	PBV STEEL		
S/U/V:	Satisfactory		Comment:	same berm as 200 bbl tanks	
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	1	100 BBLS	STEEL AST	39.483450, -107.582300	
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	
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	
CONDENSATE	3	200 BBLS	HEATED STEEL AST	39.481350,-107.581950	
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	
Earth	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	

Predrill

Location ID: 334860

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: 211271 Type: WELL API Number: 045-07030 Status: SI Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
 S/V: Satisfactory CA Date: _____
 CA: _____
 Comment: Production reported April 2013.

Facility ID: 276114 Type: WELL API Number: 045-10425 Status: PR Insp. Status: PR

Producing Well

Comment: Tubing piped to vertical separator and 100 bbl tank near wellheads.

Facility ID: 276116 Type: WELL API Number: 045-10423 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 276117 Type: WELL API Number: 045-10422 Status: PR Insp. Status: PR

Producing Well

Comment: Tubing piped to vertical separator and 100 bbl tank near wellheads.

Facility ID: 276120 Type: WELL API Number: 045-10420 Status: PR Insp. Status: PR

Producing Well

Comment: 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): N _____

Comment: _____

Pilot: _____ 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? _____ 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? 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 _____

Inspector Name: BURGER, CRAIG

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	Pass	Rip Rap	Pass			
Gravel	Pass	Gravel	Pass			
Rip Rap	Pass	Ditches	Pass			
Ditches	Pass	Check Dams	Pass	MHSP	Pass	

S/U/V: Satisfactory

Corrective Date:

Comment: Erosion rills present on cut slope of location.

CA: