

**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:

09/10/2013

Document Number:

670200841

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>412760</u>	<u>413900</u>	<u>BURGER, CRAIG</u>	<input type="checkbox"/> 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		aaxelson@billbarrettcorp.com	

Compliance Summary:

QtrQtr: <u>NWSW</u>		Sec: <u>21</u>	Twp: <u>6S</u>		Range: <u>92W</u>		
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/20/2010	200285472	PR	PR	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
412750	WELL	PR	08/24/2010	GW	045-18585	CBS 24B-21-692	<input checked="" type="checkbox"/>
412751	WELL	PR	08/25/2010	GW	045-18584	CBS 24D-21-692	<input checked="" type="checkbox"/>
412752	WELL	PR	08/24/2010	GW	045-18583	CBS 14B-21-692	<input checked="" type="checkbox"/>
412754	WELL	PR	09/01/2010	GW	045-18582	CBS 14D-21-692	<input checked="" type="checkbox"/>
412755	WELL	PR	08/30/2010	GW	045-18581	CBS 13A-21-692	<input checked="" type="checkbox"/>
412756	WELL	PR	09/28/2010	GW	045-18580	CBS 13B-21-692	<input checked="" type="checkbox"/>
412757	WELL	PR	09/28/2010	GW	045-18579	CBS 13C-21-692	<input checked="" type="checkbox"/>
412758	WELL	PR	08/16/2010	GW	045-18578	SPECIALTY 13D-21-692	<input checked="" type="checkbox"/>
412759	WELL	PR	08/30/2010	GW	045-18577	CBS 23A-21-692	<input checked="" type="checkbox"/>
412760	WELL	PR	09/28/2010	GW	045-18576	CBS 23B-21-692	<input checked="" type="checkbox"/>
412761	WELL	PR	10/12/2010	GW	045-18575	CBS 23C-21-692	<input checked="" type="checkbox"/>
412762	WELL	PR	08/16/2010	GW	045-18574	SPECIALTY 23D-21-692	<input checked="" type="checkbox"/>
425497	PIT	AC	09/23/2011		-	CB TRACT 10	<input 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			
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	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
SEPARATOR	Satisfactory	wire fence		
WELLHEAD	Satisfactory	cattle panel		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gathering Line	1	Satisfactory			
Ancillary equipment	3	Satisfactory	descaler units		
Horizontal Heated Separator	12	Satisfactory			
Plunger Lift	12	Satisfactory			
Bird Protectors	11	Satisfactory			
Gas Meter Run	1	Satisfactory			
Emission Control Device	1	Satisfactory			

Inspector Name: BURGER, CRAIG

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	6	500 BBLS	HEATED STEEL AST	39.510600,-107.677900	
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			
YES		bradenheads venting			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 413900

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: 412750 Type: WELL API Number: 045-18585 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 412751 Type: WELL API Number: 045-18584 Status: PR Insp. Status: PR

Producing WellComment: Facility ID: 412752 Type: WELL API Number: 045-18583 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 412754 Type: WELL API Number: 045-18582 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 412755 Type: WELL API Number: 045-18581 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 412756 Type: WELL API Number: 045-18580 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 412757 Type: WELL API Number: 045-18579 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 412758 Type: WELL API Number: 045-18578 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 412759 Type: WELL API Number: 045-18577 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 412760 Type: WELL API Number: 045-18576 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 412761 Type: WELL API Number: 045-18575 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 412762 Type: WELL API Number: 045-18574 Status: PR Insp. Status: PR**Producing Well**Comment: **Environmental****Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: BURGER, CRAIG

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): YES _____

Reclamation - Storm Water - Pit

Interim Reclamation:

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

Land Use: _____

Comment: Vegetation not to 80% in some reclaimed areas.

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? _____ CM _____
CA _____ CA Date _____

1003b. Area no longer in use? _____ 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? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Inspector Name: BURGER, CRAIG

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
Check Dams	Pass	Check Dams	Pass			
Gravel	Pass	Culverts	Pass			
Berms	Pass	Gravel	Pass			
Ditches	Pass	Ditches	Pass	MHSP	Pass	

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

Comment: _____

CA: _____

Permit:	Facility ID	Permit Num	Expiration Date
	425497	1642064	
	425497	1642064	