

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:
09/20/2013

Document Number:
670200886

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID <u>292949</u>	Loc ID <u>335157</u>	Inspector Name: <u>BURGER, CRAIG</u>	On-Site Inspection <input type="checkbox"/>	2A Doc Num: _____
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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
Axelsson, Aaron	(970) 876-1959	aaxelson@billbarrettcorp.com	Production Foreman
Merry, Jesse		jmerry@billbarrettcorp.com	

Compliance Summary:

QtrQtr: SWSE Sec: 21 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)
05/25/2011	200312006	PR	PR	S			N
01/30/2009	200207475	PR	PR	S			N

Inspector Comment:

Contains production equipment for location #335497 located to the east.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
292114	WELL	PR	05/20/2008	GW	045-14600	SPECIALTY 34A-21-692	X
292945	WELL	PR	05/27/2008	GW	045-14819	SPECIALTY 34C-21-692	X
292946	WELL	PR	05/23/2008	GW	045-14820	SPECIALTY 33C-21-692	X
292947	WELL	PR	05/30/2008	GW	045-14821	SPECIALTY 44C-21-692	X
292948	WELL	PR	08/11/2008	GW	045-14822	SPECIALTY 43A-21-692	X
292949	WELL	PR	08/10/2008	GW	045-14823	SPECIALTY 43C-21-692	X
292950	WELL	PR	07/31/2008	GW	045-14824	SPECIALTY 44A-21-692	X
292951	WELL	PR	05/25/2008	GW	045-14825	SPECIALTY 33A-21-692	X

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

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	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
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Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	cattle panel		
SEPARATOR	Satisfactory	wire fence		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Deadman # & Marked	7	Satisfactory			
Gathering Line	1	Satisfactory			
Bird Protectors	14	Satisfactory			
Pig Station	1	Satisfactory			
Horizontal Heated Separator	16	Satisfactory			
Gas Meter Run	1	Satisfactory			
Emission Control Device	1	Satisfactory			
Plunger Lift	8	Satisfactory			
Ancillary equipment	3	Satisfactory	descaler units		

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	10	500 BBLS	HEATED STEEL AST	39.508540,-107.668670	
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	braden head valves open				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 335157

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: 292114 Type: WELL API Number: 045-14600 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 292945 Type: WELL API Number: 045-14819 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 292946 Type: WELL API Number: 045-14820 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 292947 Type: WELL API Number: 045-14821 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 292948 Type: WELL API Number: 045-14822 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 292949 Type: WELL API Number: 045-14823 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 292950 Type: WELL API Number: 045-14824 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 292951 Type: WELL API Number: 045-14825 Status: PR Insp. Status: PR

Producing Well

Comment:

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:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS: _____

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: _____

- 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? 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? In

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 _____

Inspector Name: BURGER, CRAIG

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

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

Comment: _____

CA: _____