

**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:

09/20/2013

Document Number:

670200883

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>279923</u>	<u>335078</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
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor
Merry, Jesse		jmerry@billbarrettcorp.com	
Ghan, Scott	(970) 876-1959	sghan@billbarrettcorp.com	Environmental Health & Safety Coordinator
LUJAN, CARLOS		carlos.lujan@state.co.us	
Axelson, Aaron		aaxelson@billbarrettcorp.com	

Compliance Summary:

QtrQtr:	SESW	Sec:	28	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)
02/12/2013	670200166	PR	PR	U	F		N
06/04/2007	200113896	PR	PR	S	I	P	N
12/18/2006	200105824	CO	PR	S		P	N

Inspector Comment:

Issues from February 12, 2013 inspection (document #670200166) have not been fully addressed.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
211294	WELL	PR	09/12/1996	OW	045-07053	PORTER FEDERAL 14-28-6-92	<input checked="" type="checkbox"/>
279923	WELL	PR	08/16/2006	GW	045-11108	SPECIALTY FEDERAL 24D-28-692	<input checked="" type="checkbox"/>
279924	WELL	PR	08/17/2006	GW	045-11109	SPECIALTY FEDERAL 24C-28-692	<input checked="" type="checkbox"/>
279925	WELL	PR	08/09/2006	GW	045-11110	SPECIALTY FEDERAL 23A-28-692	<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
TANK LABELS/PLACARDS	Unsatisfactory	Partially buried open top rolloff contains fluid and does not have a label or placard.	Install sign to comply with rule 210.d.	10/07/2013
BATTERY	Satisfactory			
CONTAINERS	Satisfactory			
WELLHEAD	Unsatisfactory	045-11108 is labeled 045-11105	Install sign to comply with rule 210.d.	10/11/2013

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL	Unsatisfactory	Partially buried rolloff that contains parafin and fluid, frac tanks on location	All locations, including wells and surface production facilities, shall be kept free of the following: equipment, vehicles, and supplies not necessary for use on that lease.	10/21/2013

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
IGNITOR/COMBUST OR	Satisfactory	wire fence		
SEPARATOR	Satisfactory	wire fence		
WELLHEAD	Satisfactory	wire fence		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Emission Control Device	1	Unsatisfactory	Pilot light appears to be off.	Keep pilot light on.	10/11/2013
Bird Protectors	10	Satisfactory			
Gathering Line	1	Satisfactory			

Inspector Name: BURGER, CRAIG

Gas Meter Run	1	Satisfactory			
Horizontal Heated Separator	4	Satisfactory			
Plunger Lift	4	Satisfactory			

Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	HEATED STEEL AST	,

S/U/V:	Satisfactory	Comment:	same berm as 300 bbl tanks
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
Comment			

Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
OTHER	1	OTHER	Open Top	39.492860,-107.674240

S/U/V:	Violation	Comment:	Partially buried rolloff .Contains parafin and fluid to about ground level.
Corrective Action:	Remove from location and comply with rules regarding removal of partially buried vessels.	Corrective Date:	10/21/2013

Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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	500 BBLS	STEEL AST	39.492830,-107.674090
S/U/V:	Satisfactory	Comment:		
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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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	
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Comment	
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Facilities:	<input type="checkbox"/> New Tank	Tank ID: _____
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Contents	#	Capacity	Type	SE GPS
CONDENSATE	3	500 BBLS	STEEL AST	39.492830,-107.674090

S/U/V:	Violation	Comment:	Hatches open and a hose is placed through hatch on one tank to prevent closing the hatch.
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Corrective Action:	Keep hatches closed.	Corrective Date:	10/11/2013
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Paint

Condition	Adequate
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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	
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Comment	hdpe lined earth
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Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	3	300 BBLS	HEATED STEEL AST	,	
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					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	4	400 BBLS	HEATED STEEL AST	,	
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. Sundry to vent on file.				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Unsatisfactory	Pilot light appeared to be off.	Keep pilot light on.	10/11/2013	

Predrill

Location ID: 335078

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: 211294 Type: WELL API Number: 045-07053 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 279923 Type: WELL API Number: 045-11108 Status: PR Insp. Status: PR

Producing WellComment: Facility ID: 279924 Type: WELL API Number: 045-11109 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 279925 Type: WELL API Number: 045-11110 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: OFF 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? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ 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 ? _____

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? _____

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

RESTORATION AND REVEGETATIONCropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

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
		Sediment Traps	Pass			
Seeding	Pass	Ditches	Pass			
Ditches	Pass	Check Dams	Pass			
Gravel	Pass	Culverts	Pass			

Inspector Name: BURGER, CRAIG

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____