


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:
09/09/2013

Document Number:
663401181

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID <u>215669</u>	Loc ID <u>325978</u>	Inspector Name: <u>LABOWSKIE, STEVE</u>	On-Site Inspection <input type="checkbox"/>	2A Doc Num: _____
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Operator Information:

OGCC Operator Number: 10000 Name of Operator: BP AMERICA PRODUCTION COMPANY

Address: 501 WESTLAKE PARK BLVD

City: HOUSTON State: TX Zip: 77079

Contact Information:

Contact Name	Phone	Email	Comment
Fauth, Dan	(970) 749-4238	daniel.fauth@bp.com	Environmental Advisor (Durango)
Floyd, Tankard		tankard.floyd@bp.com	
Best, Julie	(970) 375-7540/ (970) 394-0131	julie.best@bp.com	Environmental Advisor

Compliance Summary:

QtrQtr: SWNW Sec: 19 Twp: 34N Range: 9W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/17/2010	200231289	PR	PR	S			N
11/22/2006	200103086	PR	PR	S		P	N
08/04/2005	200077958	PR	PR	S		P	N
06/26/2003	200041346	PR	PR	S		P	N
01/10/2002	200025625	PR	PR	S		P	N
01/09/2001	200015044	PR	PR	S		P	N
10/18/1999	500149414	PR	PR			P	N
10/13/1997	500149413	PR	PR			P	N
10/21/1996	500149412	PR	PR			P	N
05/17/1995	500149411	PR	PR				N
11/18/1994	500149410	PR	PR			P	N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
215669	WELL	PR	07/05/1989	GW	067-07274	BILLY RAY GAS UNIT 1	X
419611	WELL	XX	09/29/2010	LO	067-09834	Ray, Billy GU 3	X

Equipment: Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>2</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>2</u>	Separators: <u>2</u>	Electric Motors: <u>3</u>
Gas or Diesel Mortors: <u>2</u>	Cavity Pumps: <u>2</u>	LACT Unit: _____	Pump Jacks: <u>2</u>
Electric Generators: <u>1</u>	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: <u>1</u>
Gas Compressors: <u>1</u>	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			

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT		TOL-PAC vessel not in use on edge of location		

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	panels around wellhead		
OTHER	Satisfactory	all other equipment fenced with stock panels		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Flow Line	1	Satisfactory			
Gas Meter Run	1	Satisfactory			
Ancillary equipment	1		riser off pad NW corner		
Vertical Heated Separator	1	Satisfactory			
Bird Protectors	1	Satisfactory			
Ancillary equipment	1	Satisfactory			
Deadman # & Marked	4	Satisfactory			

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 325978

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	kubeczkod	The location is in an area of high run off/run-on potential; therefore the pad shall be constructed to control/manage any stormwater run-on and/or any potentially impacted stormwater runoff.	08/30/2010
DOW	holstj	This location will be incorporated in the CDOW/BP Wildlife Mitigation Plan. Efforts to avoid, minimize, and mitigate impacts from oil and gas development will be implemented at this location once the WMP is finalized.	09/08/2010
OGLA	kubeczkod	Operator must implement best management practices to contain any unintentional release of fluids (drilling, completion, produced fluids, chemical products, etc.).	08/30/2010
OGLA	kubeczkod	The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1.	08/30/2010
OGLA	kubeczkod	No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. The entire base of the pit must be in cut.	08/30/2010
OGLA	kubeczkod	Location is in a sensitive area because of proximity to a domestic water well and shallow groundwater; therefore production pits must be lined.	08/30/2010
OGLA	kubeczkod	Any pit constructed to hold fluids [if constructed]) must be lined or a closed loop system (which has been indicated by BP America on the Form 2A) must be implemented during drilling.	08/30/2010

OGLA	kubecz kod	Location is in a sensitive area because of proximity to surface water; therefore, operator must implement site-specific best management practices in accordance with good engineering practices to ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations; potential options include, but are not limited to: construction of a berm or diversion dike (either around the entire well pad, portions of the well pad; or around specific vessels and/or structures), diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures sufficiently protective of nearby surface water. If fluids are conveyed via pipeline, operator must implement best management practices to contain any unintentional release of fluids (drilling, completion, produced fluids, chemical products, etc.).	08/30/2010
OGLA	kubecz kod	Location is in a sensitive area because of proximity to a domestic water well and shallow groundwater; therefore either a lined drilling pit or closed loop system must be implemented.	08/30/2010

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: 215669 Type: WELL API Number: 067-07274 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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): _____
Comment: _____
Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:
Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____
Land Use: RANGELAND
Comment: _____
1003a. Debris removed? Pass CM _____
CA _____ CA Date _____
Waste Material Onsite? Pass CM _____
CA _____ CA Date _____
Unused or unneeded equipment onsite? In 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? In _____ Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____
 1003d. Drilling pit closed? Pass Subsidence over on drill pit? In
 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? Pass

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation In

1003 f. Weeds Noxious weeds? P

Comment:

Overall Interim Reclamation In Process

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: RANGELAND, RESIDENTIAL

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
Gravel	Pass	Compaction	Pass			
Compaction	Pass					

S/U/V: Satisfactory Corrective Date: _____

Comment:

CA: