

**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 |
|----|----|----|----|

Inspection Date:

09/30/2013

Document Number:

670200912

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|---------------|---------------|----------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>211109</u> | <u>323891</u> | <u>BURGER, CRAIG</u> | <input type="checkbox"/> | |

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 | (970) 876-1959 | jmerry@billbarrettcorp.com | Production Foreman |
| Axelsson, Aaron | | aaxelson@billbarrettcorp.com | |
| Kellerby, Shaun | | Shaun.Kellerby@state.co.us | NW Field Supervisor |

Compliance Summary:

| QtrQtr: <u>NWNW</u> | Sec: <u>29</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) |
| 04/26/2011 | 200308757 | BH | PR | S | | | N |
| 03/02/2011 | 200306312 | PR | PR | U | | | Y |
| 04/06/2006 | 200088870 | PR | PR | S | I | P | N |
| 02/13/2006 | 200087509 | PR | PR | U | I | F | Y |
| 03/23/2000 | 200006010 | PR | PR | S | | P | N |
| 04/15/1999 | 500142627 | PR | PR | | | | |
| 09/11/1998 | 500142626 | PR | PR | | | F | N |
| 12/11/1995 | 500142625 | PR | SI | | | P | |
| 11/01/1994 | 500142624 | DG | DG | | | | |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------------------------------|
| 211109 | WELL | PR | 04/10/1997 | GW | 045-06868 | DALEY 1 | <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 | | | |
| TANK LABELS/PLACARDS | Satisfactory | | | |

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

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

Fencing/:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|--------------|-----------------------------|--------------------------|-------------------|---------|
| WELLHEAD | Satisfactory | cattle panel | | |
| TANK BATTERY | Satisfactory | barbed wire/cattle panel | | |
| SEPARATOR | Satisfactory | cattle panel | | |

Equipment:

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-----------------------------|---|-----------------------------|---|-------------------|---------|
| Ancillary equipment | 3 | Satisfactory | methanol units | | |
| Horizontal Heated Separator | 1 | Satisfactory | | | |
| Gathering Line | 1 | Satisfactory | several gathering lines meet at this location | | |
| Gas Meter Run | 1 | Satisfactory | | | |
| Pig Station | 7 | Satisfactory | | | |
| Bird Protectors | 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 300 bbl tank | | | |
| Corrective Action: | | | | Corrective Date: | |
| <u>Paint</u> | | | | | |
| Condition | Adequate | | | | |
| Other (Content) _____ | | | | | |
| Other (Capacity) 80 bbl _____ | | | | | |
| 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 | 200 BBLS | STEEL AST | 39.503410,-107.585020 | |
| S/U/V: | Satisfactory | Comment: piped from bradenhead of well | | | |
| 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 Sufficent | Base Sufficient | Adequate | |
| Corrective Action | | | | Corrective Date | |
| Comment | | | | | |

| | | | | | |
|--------------------------|-----------------------------|-----------------------------------|---------------------|------------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| CONDENSATE | 1 | 300 BBLS | STEEL AST | 39.503670,-107.585110 | |
| 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 | | | |
| NO | | | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| | | | | | |

Predrill

Location ID: 323891

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: 211109 Type: WELL API Number: 045-06868 Status: PR Insp. Status: PR

Producing Well

Comment: bradenhead piped to tank

Environmental**Spills/Releases:**

Inspector Name: BURGER, CRAIG

| | | |
|--|------------------------------|-------------------------------|
| Type of Spill: _____ | Description: _____ | Estimated Spill Volume: _____ |
| Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | |
| 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): <u> N </u> |
| Comment: _____ |
| Pilot: _____ Wildlife Protection Devices (fired vessels): <u> YES </u> |

Reclamation - Storm Water - Pit

| | |
|--|---|
| Interim Reclamation: | |
| Date Interim Reclamation Started: _____ | Date Interim Reclamation Completed: _____ |
| Land Use: _____ | |
| Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| 1003a. | Debris removed? <u> Pass </u> CM _____ |
| | CA _____ CA Date _____ |
| | Waste Material Onsite? <u> Pass </u> CM _____ |
| | CA _____ CA Date _____ |
| | Unused or unneeded equipment onsite? <u> Pass </u> CM _____ |
| | CA _____ CA Date _____ |
| | Pit, cellars, rat holes and other bores closed? <u> Pass </u> 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? <u> Pass </u> Production areas stabilized ? _____ |
| 1003c. | Compacted areas have been cross ripped? <u> Pass </u> |
| 1003d. | Drilling pit closed? <u> Pass </u> Subsidence over on drill pit? <u> Pass </u> |
| | 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 | |
| <u>Cropland</u> | |

Inspector Name: BURGER, CRAIG

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 _____ Pass _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | Ditches | Pass | | | |
| | | Gravel | Pass | | | |
| Seeding | Pass | Culverts | Pass | | | |
| Compaction | Fail | Check Dams | Pass | | | |

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

Comment: Portions of location are muddy and rutted.

CA: _____