

**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:

10/02/2013

Document Number:

663902259

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>335841</u>	<u>335841</u>	<u>LONGWORTH, MIKE</u>	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10091 Name of Operator: BERRY PETROLEUM COMPANYAddress: 1999 BROADWAY STE 3700City: DENVER State: CO Zip: 80202**Contact Information:**

Contact Name	Phone	Email	Comment
WESTERDALE, BARBARA		barbara.westerdale@state.co.us	
Freeman, Chris		cpf@bry.com	
KELLERBY, SHAUN		shaun.kellerby@state.co.us	
White, Brent		bkw@bry.com	Production Foreman
Johnson, Derek	970-285-2200	DSJ@Bry.com	

Compliance Summary:QtrQtr: NWSE Sec: 20 Twp: 5S Range: 96W**Inspector Comment:**

Drilling permits are expired. 5 conductors, cellars, and ratholes that need to be closed in accordance with COGCC Conductor Setting Policy. Close conductors, cellars and, ratholes by Nov.15 2013. Submit Form 42 when conductors have been closed.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
286734	WELL	XX	12/31/2008	LO	045-12771	CHEVRON 20-28D	X
286735	WELL	XX	02/04/2010	LO	045-12770	CHEVRON 20-21D	X
286736	WELL	XX	05/26/2010	LO	045-12769	CHEVRON 20-30D	X
286737	WELL	XX	02/04/2010	LO	045-12768	CHEVRON 20-19D	X
286738	WELL	XX	02/04/2010	LO	045-12767	CHEVRON 20-18D	X
286739	WELL	XX	02/04/2010	LO	045-12766	CHEVRON 20-17D	X
290186	WELL	PR	08/16/2010	GW	045-14045	CHEVRON 20-31D	
290187	WELL	XX	02/04/2010	LO	045-14044	CHEVRON 20-32D	X
423848	PIT	AC	07/28/2011		-	CHEVRON J-20	

Equipment:Location Inventory

Inspector Name: LONGWORTH, MIKE

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

☐ Multiple Spills and Releases?

Venting:

Yes/No	Comment
--------	---------

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
------	-----------------------------	---------	-------------------	---------

Predrill

Location ID: 335841

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: 286734 Type: WELL API Number: 045-12771 Status: XX Insp. Status: ND

Facility ID: 286735 Type: WELL API Number: 045-12770 Status: XX Insp. Status: ND

Facility ID: 286736 Type: WELL API Number: 045-12769 Status: XX Insp. Status: ND

Inspector Name: LONGWORTH, MIKE

Facility ID:	286737	Type:	WELL	API Number:	045-12768	Status:	XX	Insp. Status:	ND
Facility ID:	286738	Type:	WELL	API Number:	045-12767	Status:	XX	Insp. Status:	ND
Facility ID:	286739	Type:	WELL	API Number:	045-12766	Status:	XX	Insp. Status:	ND
Facility ID:	290187	Type:	WELL	API Number:	045-14044	Status:	XX	Insp. Status:	ND

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:

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

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: _____

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

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Permit:	Facility ID	Permit Num	Expiration Date
	423848	1642036	

423848	1642036		
--------	---------	--	--

--