

**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:
10/15/2013Document Number:
668701146Overall Inspection:
Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|-----------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection |
| | 286687 | 320547 | HELGELAND, GARY | <input type="checkbox"/> 2A Doc Num: _____ |

Operator Information:

OGCC Operator Number: _____

Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION LLCAddress: 730 17TH ST STE 610City: DENVER State: CO Zip: 80202

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED
- ☒ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

| Contact Name | Phone | Email | Comment |
|-------------------|-------|------------------------------|---------|
| BARBULA, DON | | dbarbula@bayswater.us | |
| ELLSWORTH, STUART | | stuart.ellsworth@state.co.us | |

Compliance Summary:QtrQtr: SESE Sec: 1 Twp: 1S Range: 68W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 03/19/2013 | 668700561 | PR | PR | S | P | | N |
| 02/03/2010 | 200237698 | PR | PR | S | | | N |
| 02/03/2010 | 200237699 | OI | ND | S | | | N |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 286687 | WELL | PR | 07/15/2008 | OW | 001-09567 | MORRISON 16-1 | FR | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

| | | | |
|-----------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: _____ | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | Electric Motors: _____ |
| Gas or Diesel Motors: _____ | 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: _____ |

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

| | | | | |
|---|---|--------------------------------|--|--|
| Spills: | | | | |
| Type | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |
| Venting: | | | | |
| Yes/No | Comment | | | |
| | | | | |
| Flaring: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |
| <u>Predrill</u> | | | | |
| Location ID: 286687 | | | | |
| <u>Site Preparation:</u> | | | | |
| Lease Road Adeq.: | | Pads: | Soil Stockpile: | |
| <u>S/U/V:</u> | | | | |
| Corrective Action: | | | Date: | CDP Num.: |
| <u>Form 2A COAs:</u> | | | | |
| <u>S/U/V:</u> | <u>Comment:</u> <input style="width: 90%;" type="text"/> | | | |
| <u>CA:</u> | <input style="width: 85%;" type="text"/> | | | <u>Date:</u> <input style="width: 15%;" type="text"/> |
| <u>Wildlife BMPs:</u> | | | | |
| <u>S/U/V:</u> | <u>Comment:</u> <input style="width: 90%;" type="text"/> | | | |
| <u>CA:</u> | <input style="width: 85%;" type="text"/> | | | <u>Date:</u> <input style="width: 15%;" type="text"/> |
| <u>Stormwater:</u> | | | | |
| <u>Comment:</u> <input style="width: 95%;" type="text"/> | | | | |
| <u>Staking:</u> | | | | |
| <u>On Site Inspection (305):</u> | | | | |
| <u>Surface Owner Contact Information:</u> | | | | |
| Name: | | Address: | | |
| Phone Number: | | Cell Phone: | | |
| <u>Operator Rep. Contact Information:</u> | | | | |
| Landman Name: | | Phone Number: | | |
| Date Onsite Request Received: | | Date of Rule 306 Consultation: | | |
| Request LGD Attendance: <input style="width: 150px;" type="text"/> | | | | |
| <u>LGD Contact Information:</u> | | | | |
| Name: | | Phone Number: | Agreed to Attend: <input style="width: 100px;" type="text"/> | |
| <u>Summary of Landowner Issues:</u> | | | | |
| <input style="width: 95%;" type="text"/> | | | | |
| <u>Summary of Operator Response to Landowner Issues:</u> | | | | |
| <input style="width: 95%;" type="text"/> | | | | |
| <u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u> | | | | |
| <input style="width: 95%;" type="text"/> | | | | |
| <u>Facility</u> | | | | |

Facility ID: 286687 Type: WELL API Number: 001-09567 Status: PR Insp. Status: FR

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
 S/V: Satisfactory CA Date: _____
 CA: _____
 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): _____

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? 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? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____

Inspector Name: HELGELAND, GARY

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? Pass

Production areas have been stabilized? Pass

Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced Pass

Recontoured Pass

Perennial forage re-established Pass

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? F

Comment: Site located in cultivated field. Weeds on location.

Overall Interim Reclamation In Process

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 _____

Well Release on Active Location ☐

Multi-Well Location ☐

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction | Pass | Compaction | Pass | | | |

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT