

Inspector Name: Waldron, Emily

**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:

12/31/2013

Document Number:

673400173

Overall Inspection:

**Unsatisfactory****FIELD INSPECTION FORM**

|                     |               |               |                       |  |
|---------------------|---------------|---------------|-----------------------|--|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:       | On-Site Inspection                         |
|                     | <u>223017</u> | <u>312956</u> | <u>Waldron, Emily</u> | <input type="checkbox"/> 2A Doc Num: _____ |

**Operator Information:**

OGCC Operator Number:

Name of Operator: BAYLESS PRODUCER LLC\* ROBERT LAddress: 621 17TH ST STE 2300City: DENVER State: CO Zip: 80293☐ 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 |
|-----------------|--------------|----------------------------|---------|
| KELLERBY, SHAUN |              | shaun.kellerby@state.co.us |         |
| thomas, john    | 505-326-2659 | jthomas@rlbayless.com      |         |

**Compliance Summary:**QtrQtr: NESW Sec: 33 Twp: 10N Range: 93W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 02/14/2011 | 200298173 | PR         | PR          | Unsatisfactory               |          |                | Yes             |
| 06/17/2008 | 200191115 | PR         | PR          | Satisfactory                 |          |                | No              |
| 06/05/2000 | 200008041 | PR         | PR          | Satisfactory                 |          | Pass           | No              |
| 07/20/1999 | 500154593 | PR         | PR          |                              |          | Fail           | No              |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name  | Insp Status                            |
|-------------|------|--------|-------------|------------|-----------|----------------|--|
| 223017      | WELL | PR     | 05/24/1994  | GW         | 081-06379 | MARTIN, ALTA 1 | PR <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 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**

Inspector Name: Waldron, Emily

| <b>Signs/Marker:</b> |                             |                      |                                       |            |
|----------------------|-----------------------------|----------------------|---------------------------------------|------------|
| Type                 | Satisfactory/Unsatisfactory | Comment              | Corrective Action                     | CA Date    |
| TANK LABELS/PLACARDS | Unsatisfactory              | No labels on tank.   | Install sign to comply with rule 210. | 01/25/2014 |
| WELLHEAD             | Unsatisfactory              | No sign at wellhead. | Install sign to comply with rule 210. | 01/24/2014 |
| BATTERY              | Satisfactory                |                      |                                       |            |

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 01/24/2014

Comment: No emergency contact number on location.

Corrective Action: Install emergency contact information.

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

| <b>Fencing/:</b> |                             |                     |                   |            |
|------------------|-----------------------------|---------------------|-------------------|------------|
| Type             | Satisfactory/Unsatisfactory | Comment             | Corrective Action | CA Date    |
| PIT              | Unsatisfactory              | Fence in disrepair. | Repair or remove. | 01/31/2014 |

| <b>Equipment:</b>           |   |                             |               |                   |         |
|-----------------------------|---|-----------------------------|---------------|-------------------|---------|
| Type                        | # | Satisfactory/Unsatisfactory | Comment       | Corrective Action | CA Date |
| Bird Protectors             |   | Satisfactory                |               |                   |         |
| Ancillary equipment         |   | Satisfactory                | Storage shed. |                   |         |
| Deadman # & Marked          | 4 | Satisfactory                |               |                   |         |
| Horizontal Heated Separator | 2 | Satisfactory                | Not bermed.   |                   |         |

|                    |   |                                   |                |                             |
|--------------------|---|-----------------------------------|----------------|-----------------------------|
| <b>Facilities:</b> |   | <input type="checkbox"/> New Tank | Tank ID: _____ |                             |
| Contents           | #   | Capacity                          | Type           | SE GPS                      |
|                    |   | 300 BBLS                          |                | 40.779230,-107.844260       |
| S/U/V:             | Unsatisfactory                                | Comment:                          | No tank label. |                             |
| Corrective Action: | Install tank label to comply with rule 210.d. |                                   |                | Corrective Date: 01/24/2014 |

| <b>Paint</b>           |          |
|------------------------|----------|
| Condition              | Adequate |
| Other (Content) _____  |          |
| Other (Capacity) _____ |          |
| Other (Type) _____     |          |

| <b>Berms</b>      |          |                     |                     |                 |
|-------------------|----------|---------------------|---------------------|-----------------|
| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |
| Metal             | Adequate | Walls Sufficient    |                     | Adequate        |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           |          |                     |                     |                 |

Inspector Name: Waldron, Emily

|  |                             |   |                     |                                    |  |
|--|-----------------------------|---|---------------------|------------------------------------|--|
| <b>Facilities:</b>   |                             | <input type="checkbox"/> New Tank               |                     | Tank ID: _____                     |  |
| Contents   | #                           | Capacity  | Type                | SE GPS                             |  |
|  |                             | 300 BBLS  |                     | 40.779240,-107.844800              |  |
| S/U/V: <b>Unsatisfactory</b>   |                             | Comment: <b>Is this tank in use? No labels.</b> |                     |                                    |  |
| Corrective Action: <b>Install label to comply with rule 210.d. or remove tank if not in use.</b> |                             |   |                     | Corrective Date: <b>01/31/2014</b> |  |
| <b>Paint</b>   |                             |   |                     |                                    |  |
| Condition  | Inadequate                  |   |                     |                                    |  |
| Other (Content) _____  |                             |   |                     |                                    |  |
| Other (Capacity) _____   |                             |   |                     |                                    |  |
| Other (Type) _____   |                             |   |                     |                                    |  |
| <b>Berms</b>   |                             |   |                     |                                    |  |
| Type   | Capacity                    | Permeability (Wall)                             | Permeability (Base) | Maintenance                        |  |
| Earth  | Inadequate                  | Walls Sufficient                                |                     | Inadequate                         |  |
| Corrective Action: <b>Maintain berm or remove tank.</b>  |                             |   |                     | Corrective Date: <b>01/31/2014</b> |  |
| Comment _____  |                             |   |                     |                                    |  |
| <b>Venting:</b>  |                             |   |                     |                                    |  |
| Yes/No   |                             | Comment   |                     |                                    |  |
|  |                             |   |                     |                                    |  |
| <b>Flaring:</b>  |                             |   |                     |                                    |  |
| Type   | Satisfactory/Unsatisfactory | Comment   | Corrective Action   | CA Date                            |  |
|  |                             |   |                     |                                    |  |

**Predrill**

Location ID: 223017

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

**S/U/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/U/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:****S/U/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Stormwater:****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: 223017 Type: WELL API Number: 081-06379 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 \_\_\_\_\_

Inspector Name: Waldron, Emily

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? 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? \_\_\_\_\_ 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? Pass Production areas stabilized ? Pass

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? Pass Segregated soils have been replaced? \_\_\_\_\_

**RESTORATION AND REVEGETATION**

**Cropland**

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

**Non-Cropland**

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ 80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

Inspector Name: Waldron, Emily

Comment: \_\_\_\_\_

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

S/U/V: Satisfactory \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Comment: 

No stormwater BMPs visible. No apparent soil migration; erosion or soil movement.

CA: \_\_\_\_\_

**Pits:** ☐ NO SURFACE INDICATION OF PIT