

**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



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Inspection Date:

02/11/2014

Document Number:

670201250

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>277335</u>	<u>335119</u>	<u>BURGER, CRAIG</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:

Name of Operator: BARRETT CORPORATION* BILLAddress: 1099 18TH ST STE 2300City: 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
Hirtler, Christina		CHirtler@billbarrettcorp.com	Regulatory Analyst
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor

Compliance Summary:QtrQtr: SENE Sec: 20 Twp: 6S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/20/2010	200285329	PR	PR	Satisfactory			No
08/31/2005	200080436	PR	WO	Satisfactory		Pass	No

Inspector Comment:

Follow up of unsatisfactory inspection due to unused equipment stored on location and maintenance of separator. Issues have been addressed.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
277335	WELL	PR	11/24/2005	GW	045-10678	ANCHONDO 42B-20-692	PR	<input checked="" type="checkbox"/>
277336	WELL	PR	11/04/2005	GW	045-10679	ANCHONDO 42D-20-692	PR	<input checked="" type="checkbox"/>
277337	WELL	PR	12/29/2005	GW	045-10680	ANCHONDO 32D-20-692	PR	<input checked="" type="checkbox"/>
277338	WELL	PR	10/28/2005	GW	045-10681	ANCHONDO 32B-20-692	PR	<input checked="" type="checkbox"/>
290416	WELL	PR	05/03/2012	GW	045-14104	ANCHONDO 32A-20-692	PR	<input checked="" type="checkbox"/>
290417	WELL	PR	04/17/2012	GW	045-14103	ANCHONDO 32C-20-692	PR	<input checked="" type="checkbox"/>
290418	WELL	PR	10/09/2007	GW	045-14102	ANCHONDO 42A-20-692	PR	<input checked="" type="checkbox"/>
290419	WELL	PR	10/03/2007	GW	045-14101	ANCHONDO 42C-20-692	PR	<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

<u>Signs/Marker:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory			

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

Comment: _____

Corrective Action: _____

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

<u>Fencing/:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory	cattle panel		
SEPARATOR	Satisfactory	cattle panel		
IGNITOR/COMBUST OR	Satisfactory	wire fence		
WELLHEAD	Satisfactory	cattle panel		

<u>Equipment:</u>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Emission Control Device	1	Satisfactory			
Bird Protectors	6	Satisfactory			
Plunger Lift	8	Satisfactory			
Gas Meter Run	1	Satisfactory			
Horizontal Heated Separator	8	Satisfactory			
Gathering Line	1	Satisfactory			
Deadman # & Marked	6	Satisfactory			
Ancillary equipment	2	Satisfactory	descaler units		

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	4	300 BBLS	HEATED STEEL AST	39.514740,-107.685100	
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			
YES		bradenhead valves open			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 277335

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: 277335 Type: WELL API Number: 045-10678 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 277336 Type: WELL API Number: 045-10679 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 277337 Type: WELL API Number: 045-10680 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 277338 Type: WELL API Number: 045-10681 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 290416 Type: WELL API Number: 045-14104 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 290417 Type: WELL API Number: 045-14103 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 290418 Type: WELL API Number: 045-14102 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 290419 Type: WELL API Number: 045-14101 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

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): Y

Comment: _____

Pilot: ON Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: Previous inspection passed interim reclamation.

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 REVEGETATION

Cropland

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: _____

Inspector Name: BURGER, CRAIG

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	Culverts	Pass	MHSP	Pass	
		Compaction	Pass			
		Ditches	Pass			

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

Comment: Snow cover limited inspection.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT