

**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:  
03/26/2014

Document Number:  
663902877

Overall Inspection:  
Satisfactory

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	413574	413574	LONGWORTH, MIKE	2A Doc Num:	

**Operator Information:**

OGCC Operator Number:	
Name of Operator:	<u>BERRY PETROLEUM COMPANY LLC</u>
Address:	<u>1999 BROADWAY STE 3700</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>

- 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
Burns, Bryan		bob@bry.com	
White, Brent		bkw@bry.com	Production Foreman
Kellerby, Shaun		shaun.kellerby@state.co.us	
Johnson, Derek	970-285-2200	DSJ@Bry.com	

**Compliance Summary:**

QtrQtr:	<u>SESE</u>	Sec:	<u>32</u>	Twp:	<u>5S</u>	Range:	<u>95W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/17/2012	668500186			Satisfactory	I		No

**Inspector Comment:**

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
412864	WELL	XX	07/30/2012	LO	045-18675	MILK CABIN OM13B P32 595	ND	<input checked="" type="checkbox"/>
412865	WELL	XX	07/27/2012	LO	045-18674	MILK CABIN OM01A P32 595	ND	<input checked="" type="checkbox"/>
412866	WELL	XX	07/29/2012	LO	045-18673	MILK CABIN OM09D P32 595	ND	<input checked="" type="checkbox"/>
412867	WELL	XX	07/29/2012	LO	045-18672	MILK CABIN OM09C P32 595	ND	<input checked="" type="checkbox"/>
412868	WELL	XX	07/30/2012	LO	045-18671	MILK CABIN OM16A P32 595	ND	<input checked="" type="checkbox"/>
412869	WELL	XX	07/30/2012	LO	045-18670	MILK CABIN OM16B P32 595	ND	<input checked="" type="checkbox"/>
412870	WELL	XX	07/30/2012	LO	045-18669	MILK CABIN OM16D P32 595	ND	<input checked="" type="checkbox"/>
412909	WELL	XX	07/29/2012	LO	045-18668	MILK CABIN OM09B P32 595	ND	<input checked="" type="checkbox"/>

430737	CENTRALIZED EP WASTE MGMT FAC	XX	11/08/2012	-	WATER IMPOUNDMENT FACILITY P32	XX	
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**Equipment:** Location Inventory

Special Purpose Pits:	_____	Drilling Pits:	<u>1</u>	Wells:	<u>8</u>	Production Pits:	<u>1</u>
Condensate Tanks:	<u>2</u>	Water Tanks:	<u>2</u>	Separators:	<u>3</u>	Electric Motors:	<u>3</u>
Gas or Diesel Mortors:	<u>6</u>	Cavity Pumps:	_____	LACT Unit:	_____	Pump Jacks:	_____
Electric Generators:	<u>3</u>	Gas Pipeline:	<u>1</u>	Oil Pipeline:	_____	Water Pipeline:	<u>1</u>
Gas Compressors:	_____	VOC Combustor:	_____	Oil Tanks:	<u>1</u>	Dehydrator Units:	_____
Multi-Well Pits:	_____	Pigging Station:	_____	Flare:	_____	Fuel Tanks:	<u>2</u>

**Location**

**Lease Road:**

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

Emergency 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

**Predrill**

Location ID: 413574

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

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

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

Group	User	Comment	Date
Agency	kubeczkod	Reserve pit must be lined.	07/05/2010

Agency	kubeczkod	No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. The entire base of the pit must be in cut.	07/05/2010
Agency	kubeczkod	The nearby hillside must be monitored for any day-lighting of drilling fluids throughout the drilling of the surface casing interval.	07/05/2010
Agency	kubeczkod	The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1.	07/05/2010
Agency	kubeczkod	Notice to Operators (NTO) Drilling Wells on the Roan Plateau in Garfield County: Comply with all provisions of the June 12, 2008 Notice to Operators (NTO) Drilling Wells Within ¼ Mile of the Rim of the Roan Plateau in Garfield County – Pit Design, Construction, and Monitoring Requirements. At a minimum, the following condition of approval (COA) will apply:  COA 6 - All pits must be lined.	06/16/2010
Agency	kubeczkod	Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations. If fluids are conveyed via pipeline, operator must implement best management practices to contain any unintentional release of fluids.	07/05/2010

**S/U/V:** Satisfactory      **Comment:** Location has been built. No drilling has been started. Permits expire 9/11/2014

**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:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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**Facility**

Facility ID:	412864	Type:	WELL	API Number:	045-18675	Status:	XX	Insp. Status:	ND
Facility ID:	412865	Type:	WELL	API Number:	045-18674	Status:	XX	Insp. Status:	ND
Facility ID:	412866	Type:	WELL	API Number:	045-18673	Status:	XX	Insp. Status:	ND
Facility ID:	412867	Type:	WELL	API Number:	045-18672	Status:	XX	Insp. Status:	ND
Facility ID:	412868	Type:	WELL	API Number:	045-18671	Status:	XX	Insp. Status:	ND
Facility ID:	412869	Type:	WELL	API Number:	045-18670	Status:	XX	Insp. Status:	ND
Facility ID:	412870	Type:	WELL	API Number:	045-18669	Status:	XX	Insp. Status:	ND
Facility ID:	412909	Type:	WELL	API Number:	045-18668	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: RANGELAND \_\_\_\_\_

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 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: RANGELAND \_\_\_\_\_

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 \_\_\_\_\_

Inspector Name: LONGWORTH, MIKE

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
		Check Dams	Pass			
Gravel		Ditches	Pass			
		Gravel	Pass			
Compaction		Culverts	Pass			
Berms	Pass	Compaction	Pass			

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

Comment: Pad still covered with snow

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

**Pits:**  NO SURFACE INDICATION OF PIT