

**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:

04/28/2014

Document Number:

674600302

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 214518      | 333585 | Maclaren, Joe   | <input type="checkbox"/> |             |

**Operator Information:**

OGCC Operator Number: 7650

Name of Operator: BENSON-MONTIN-GREER DRILLING CORPORATION

Address: 4900 COLLEGE BLVD

City: FARMINGTON State: NM Zip: 87402

- ☐ 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         |
|----------------|----------------|-----------------------------|-----------------|
| Stradling, Zak | (505) 324-5074 | zstradling@bmgsdrilling.com | SW Insp Reports |

**Compliance Summary:**QtrQtr: NESE Sec: 5 Twp: 33N Range: 10W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 05/04/2004 | 200057787 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 09/18/2003 | 200044780 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 11/15/2001 | 200022000 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 06/25/1999 | 500147476 | PR         | PR          |                               |          | Pass           | No              |
| 11/19/1997 | 500147475 | PR         | PR          |                               |          | Pass           | No              |
| 09/23/1994 | 500147474 | PR         | PR          |                               |          | Pass           | No              |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name     | Insp Status                            |
|-------------|------|--------|-------------|------------|-----------|-------------------|--|
| 105202      | PIT  |        | 09/23/1999  |            | -         | LA POSTA CANYON 1 | <input type="checkbox"/>               |
| 115779      | PIT  |        | 09/23/1999  |            | -         | D. GOULD 3        | <input type="checkbox"/>               |
| 214518      | WELL | PR     | 12/07/1976  | GW         | 067-06121 | LA POSTA CANYON 1 | PR <input checked="" type="checkbox"/> |
| 214528      | WELL | PR     | 12/22/2003  | GW         | 067-06131 | DOROTHY L GOULD 3 | PR <input checked="" type="checkbox"/> |

**Equipment:****Location Inventory**

Inspector Name: Maclaren, Joe

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

#### Lease Road:

| Type   | Satisfactory/Action Required | comment  | Corrective Action | Date |
|--------|------------------------------|--|-------------------|------|
| Access | SATISFACTORY                 | Deep rutting on access road. Gravel has been recently added to lease road. |                   |      |

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: \_\_\_\_\_

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

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

#### Spills:

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

☐ Multiple Spills and Releases?

#### Fencing/:

| Type  | Satisfactory/Action Required | Comment                                    | Corrective Action | CA Date |
|-------|------------------------------|--|-------------------|---------|
| OTHER | SATISFACTORY                 | Post and wire fencing around open top tank |                   |         |

#### Equipment:

| Type                        | # | Satisfactory/Action Required | Comment  | Corrective Action  | CA Date    |
|-----------------------------|---|------------------------------|--|--|------------|
| Bird Protectors             | 0 | ACTION REQUIRED              | No visable bird protectors installed on/ in separator vent stacks. Picture uploaded. | Confirm existence of or install bird protectors per rule 605b.7. | 05/30/2014 |
| Gas Meter Run               | 2 | SATISFACTORY                 |  |  |            |
| Flow Line                   | 2 | SATISFACTORY                 |  |  |            |
| Other                       | 1 | SATISFACTORY                 | Flowing Wellhead   |  |            |
| Horizontal Heated Separator | 2 | SATISFACTORY                 |  |  |            |
| Ancillary equipment         | 2 | SATISFACTORY                 | Telemetry  |  |            |
| Plunger Lift                | 1 | SATISFACTORY                 |  |  |            |

Inspector Name: Maclaren, Joe

|                        |                              |                                   |   |                       |  |
|------------------------|------------------------------|-----------------------------------|---|-----------------------|--|
| <b>Facilities:</b>     |                              | <input type="checkbox"/> New Tank |   | Tank ID: _____        |  |
| Contents               | #                            | Capacity                          | Type  | SE GPS                |  |
| PRODUCED WATER         | 1                            | <100 BBLs                         | Open Top  | 37.130690,-107.951070 |  |
| S/A/V:                 | SATISFACTORY                 |                                   | Comment: The tank "capacity" needs to be added to existing labeling per 210d. |                       |  |
| Corrective Action:     |                              |                                   |   | Corrective Date:      |  |
| <b>Paint</b>           |                              |                                   |   |                       |  |
| Condition              | Adequate                     |                                   |   |                       |  |
| Other (Content) _____  |                              |                                   |   |                       |  |
| Other (Capacity) _____ |                              |                                   |   |                       |  |
| Other (Type) _____     |                              |                                   |   |                       |  |
| <b>Berms</b>           |                              |                                   |   |                       |  |
| Type                   | Capacity                     | Permeability (Wall)               | Permeability (Base)   | Maintenance           |  |
| Earth                  | Adequate                     | Walls Sufficient                  | Base Sufficient   | Adequate              |  |
| Corrective Action      |                              |                                   |   | Corrective Date       |  |
| Comment                |                              |                                   |   |                       |  |
| <b>Venting:</b>        |                              |                                   |   |                       |  |
| Yes/No                 |                              | Comment                           |   |                       |  |
| NO                     |                              |                                   |   |                       |  |
| <b>Flaring:</b>        |                              |                                   |   |                       |  |
| Type                   | Satisfactory/Action Required | Comment                           | Corrective Action   | CA Date               |  |
|                        |                              |                                   |   |                       |  |

**Predrill**

Location ID: 214518

**Site Preparation:**

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

**S/A/V:** \_\_\_\_\_

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

**Form 2A COAs:****S/A/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:****S/A/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: 214518 Type: WELL API Number: 067-06121 Status: PR Insp. Status: PR

Facility ID: 214528 Type: WELL API Number: 067-06131 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

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

Inspector Name: Maclaren, Joe

|                                   |                |                              |  |
|-----------------------------------|----------------|------------------------------|--|
| 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?                       |      | CM |  |         |
|        | CA  |      |    |  | CA Date |
|        | Guy line anchors marked?                        |      | CM |  |         |
|        | CA  |      |    |  | CA Date |

1003b. Area no longer in use? \_\_\_\_\_ Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

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 \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

**Non-Cropland**

Inspector Name: Maclaren, Joe

Top soil replaced Pass

Recontoured Pass

80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

Comment:

Overall Interim Reclamation Pass

**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                  |               |                          |         |
|                  |                 | Gravel                  | Pass                  |               |                          |         |

S/A/V: SATISFACTOR  
Y

Corrective Date: \_\_\_\_\_

Comment: **Ditch with berm runs along bottom of steep slope on south side of location directing storm water around well pad.**

CA:

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

**Attached Documents**

You can go to COGCC Images (<https://cogcc.state.co.us/webblink/>) and search by document number:

| Document Num | Description                                   | URL   |
|--------------|---|---|
| 674600306    | Separator vent stack requiring bird protector | <a href="http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3331205">http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3331205</a> |