

**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:

04/28/2014

Document Number:

674600303

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	214686	333805	Maclaren, Joe	<input type="checkbox"/> 2A Doc Num: _____

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@bmgdrilling.com	SW Insp Reports

Compliance Summary:QtrQtr: NWSW 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)
10/26/2010	200284346	PR	PR	ACTION REQUIRED			No
02/13/2007	200108173	PR	PR	SATISFACTOR Y		Pass	No
11/09/2005	200085408	PR	PR	SATISFACTOR Y		Pass	No
05/04/2004	200057788	MT	PR	SATISFACTOR Y		Pass	No
09/18/2003	200044783	PR	PR	SATISFACTOR Y		Pass	No
11/15/2001	200022002	PR	PR	SATISFACTOR Y		Pass	No
04/20/2000	200006818	BH	PR	SATISFACTOR Y		Pass	No
06/25/1999	500147696	PR	PR			Pass	No
06/25/1999	500147697	PR	PR			Pass	No
06/03/1997	500147695	BH	PR			Pass	No
08/30/1996	500147694	PR	PR			Pass	No
09/23/1994	500147693	PR	PR			Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
105203	PIT		09/23/1999		-	LA POSTA CANYON 5	<input type="checkbox"/>

Inspector Name: Maclaren, Joe

214686	WELL	PR	10/31/2006	GW	067-06290	LA POSTA 5	PR	<input checked="" type="checkbox"/>
260133	WELL	PR	11/06/2001	GW	067-08483	SOUTHERN UTE 5-7	PR	<input 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: _____

Location**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	ACTION REQUIRED	NFPA placards/ labeling is no longer visible on either of the fiberglass open top tanks. Picture Uploaded.	Install sign to comply with rule 210d.	05/30/2014

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER		Doors are falling off meter runs. Paint is peeling off equipment.		
OTHER		Wood slash piles on the south end of well pad.		

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	SATISFACTORY	Post and wire fencing around fiberglass open top tanks.		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	2	SATISFACTORY			

Inspector Name: Maclaren, Joe

Other	1	SATISFACTORY	Dual completion wellhead		
Deadman # & Marked	1		Found one marked deadman	Locate and mark all existing deadmen.	
Gas Meter Run	2	SATISFACTORY			
Bird Protectors	2	SATISFACTORY			
Flow Line	2	SATISFACTORY			
Plunger Lift	1	SATISFACTORY			
Ancillary equipment	2	SATISFACTORY	Telemetry		

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	<100 BBLS	FIBERGLASS AST	37.130550,-107.963660

S/A/V:	SATISFACTORY	Comment:	The capacity needs to be added to labeling. Refer to rule 210d.
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate
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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
NO	

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 214686

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: 214686 Type: WELL API Number: 067-06290 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Inspector Name: Maclaren, Joe

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? Pass CM _____
CA _____ CA Date _____
Guy line anchors removed? _____ CM _____
CA _____ CA Date _____
Guy line anchors marked? _____ CM 1 of 4 marked
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

Top soil replaced Pass

Recontoured Pass

80% Revegetation Pass

1003 f. Weeds Noxious weeds? _____ P _____

Inspector Name: Maclaren, Joe

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
		Gravel	Pass			
Compaction	Pass	Compaction	Pass			

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

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
674600307	Fiberglass Open top tank requiring re-labeling	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3331278
674600308	Surface equipment needing maintenance	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3331279