

**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
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Inspection Date:

07/28/2014

Document Number:

668402482

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	289021	335836	BROWNING, CHUCK	<input type="checkbox"/>	

**Operator Information:**OGCC Operator Number: 10091Name of Operator: BERRY PETROLEUM COMPANY LLCAddress: 1999 BROADWAY STE 3700City: 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
Johnson, Derick		djohnson@linenergy.com	Field Supervisor
White, Brent		bwhite@linenergy.com	Production Foreman
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Burns, Bryan	(303) 999-4245	bburns@linenergy.com	Sr. EHS

**Compliance Summary:**

QtrQtr:	SWSE	Sec:	29	Twp:	5S	Range:	96W
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/16/2012	663800432	PR	PD	SATISFACTORY Y			No
08/31/2010	200273100	PR	PR	SATISFACTORY Y			No

**Inspector Comment:**

UIC - Routine inspection

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159384	UIC DISPOSAL	AC	08/13/2012		-	LATHAM 29-17D	AC	<input checked="" type="checkbox"/>
289019	WELL	PR	11/18/2010	GW	045-13650	LATHAM 29-27D	PR	<input checked="" type="checkbox"/>
289020	WELL	PR	05/31/2012	GW	045-13649	LATHAM 29-18D	PR	<input checked="" type="checkbox"/>
289021	WELL	IJ	08/13/2012	DSPW	045-13648	Latham 29-17D	AC	<input checked="" type="checkbox"/>
289022	WELL	PR	05/31/2012	GW	045-13647	LATHAM 29-19D	PR	<input checked="" type="checkbox"/>
289023	WELL	DA	09/03/2008	LO	045-13646	LATHAM 29-30D	DA	<input type="checkbox"/>
289024	WELL	PR	11/03/2010	GW	045-13645	LATHAM 29-29D	PR	<input checked="" type="checkbox"/>
289025	WELL	PR	11/18/2010	GW	045-13644	LATHAM 29-25D	PR	<input checked="" type="checkbox"/>
289026	WELL	PR	11/03/2010	GW	045-13643	LATHAM 29-26D	PR	<input checked="" type="checkbox"/>
290544	PIT	AC	05/10/2007		-	LATHAM O-29	AC	<input type="checkbox"/>

**Equipment:**Location Inventory

Inspector Name: BROWNING, CHUCK

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
Main	SATISFACTORY			
Access	SATISFACTORY			

**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

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

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

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

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

**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
WELLHEAD	SATISFACTORY			
PIT	SATISFACTORY			

<b>Facilities:</b>		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	300 BBLS	STEEL AST	39.579876,-108.192200
S/A/V:	SATISFACTORY		Comment:	
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

Corrective Action		Corrective Date	
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Comment	same berms as 5-500 bbl PW tanks
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<b>Facilities:</b>	<input type="checkbox"/> New Tank	Tank ID: _____
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Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	300 BBLS	STEEL AST	39.579757,-108.190557

S/A/V:	SATISFACTORY		Comment:	
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Corrective Action:		Corrective Date:	
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Paint

Condition	Adequate
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Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
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Comment	
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Inspector Name: BROWNING, CHUCK

<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	5	500 BBLS	STEEL AST	39.579876,-108.192200	
S/A/V:	SATISFACTORY		Comment:		
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	
Metal	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: 289021

**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: 159384 Type: UIC API Number: - Status: AC Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: 712

**UIC Routine**

Inj./Tube: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: \_\_\_\_\_

TC: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ Last MIT: \_\_\_\_\_

Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: **UIC - Routine inspection**

Method of Injection: \_\_\_\_\_

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

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

Facility ID: 289019 Type: WELL API Number: 045-13650 Status: PR Insp. Status: PR

**Producing Well**Comment: **Plunger lift**

Facility ID: 289020 Type: WELL API Number: 045-13649 Status: PR Insp. Status: PR

**Producing Well**Comment: **Plunger lift**

Facility ID: 289021 Type: WELL API Number: 045-13648 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_

**UIC Routine**

Inj./Tube: Pressure or inches of Hg 875 Previous Test Pressure 700 MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: OHCRK

TC: Pressure or inches of Hg 0 Previous Test Pressure -10 Last MIT: 07/16/2012

Brhd: Pressure or inches of Hg 35 Previous Test Pressure 34 AnnMTReq: \_\_\_\_\_

Comment: **UIC - Routine inspection**

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

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

Facility ID: 289022 Type: WELL API Number: 045-13647 Status: PR Insp. Status: PR

**Producing Well**Comment: **Plunger lift**

Facility ID: 289024 Type: WELL API Number: 045-13645 Status: PR Insp. Status: PR

**Producing Well**Comment: **Plunger lift**

Facility ID: 289025 Type: WELL API Number: 045-13644 Status: PR Insp. Status: PR

**Producing Well**Comment: **Plunger lift**

Facility ID: 289026 Type: WELL API Number: 045-13643 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):

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? Pass CM

CA CA Date

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

1003c. Compacted areas have been cross ripped? Pass

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? P

Comment:

Overall Interim Reclamation Pass

Date Final Reclamation Started: _____	Date Final Reclamation Completed: _____
Final Land Use: _____	
Reminder: _____	
Comment: <input type="text"/>	
Well plugged _____	Pit mouse/rat holes, cellars backfilled _____
Debris removed _____	No disturbance /Location never built _____
Access Roads _____	Regraded _____
Gravel removed _____	Contoured _____
	Culverts 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: <input type="text"/>	
Corrective Action: <input type="text"/>	Date _____
Overall Final Reclamation _____	Well Release on Active Location <input type="checkbox"/>
	Multi-Well Location <input type="checkbox"/>

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Check Dams	Pass			
Gravel	Pass	Gravel	Pass	MHSP	Pass	
Berms	Pass	Ditches	Pass			

Comment:	
CA:	



<b>Pits:</b> <input type="checkbox"/> NO SURFACE INDICATION OF PIT			
Pit Type: <u>Multiwell Reuse/</u>	Lined: <u>YES</u>	Pit ID: _____	Lat: <u>39.579429</u> Long: <u>-108.191141</u>
<b><u>Lining:</u></b>			
Liner Type: <u>HDPE</u>	Liner Condition: <u>Adequate</u>		
Comment: _____			
<b><u>Fencing:</u></b>			
Fencing Type: <u>Netting/Fen</u>	Fencing Condition: <u>Adequate</u>		
Comment: _____			
<b><u>Netting:</u></b>			
Netting Type: <u>Fence/Net</u>	Netting Condition: <u>Good</u>		
Comment: _____			
Anchor Trench Present: <u>YES</u>	Oil Accumulation: <u>NO</u>	2+ feet Freeboard: _____	
Pit (S/A/V): <u>SATISFACTOR</u>	Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
Corrective Action: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date: _____		

  

Permit:	Facility ID	Permit Num	Expiration Date
	290544	1433637	
	290544	1433637	