

**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:

07/24/2014

Document Number:

673801215

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |   |
|---------------------|-------------|--------|-----------------|---|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection <input type="checkbox"/> |
|                     | 432328      | 432327 | Gomez, Jason    | 2A Doc Num: _____                           |

**Operator Information:**OGCC Operator Number: 10261Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION LLCAddress: 730 17TH ST STE 610City: 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         |
|----------------|--------------|---------------------|-----------------|
| Blyth, Tom     |              | tblyth@bayswater.us | Regulatory      |
| Pittman, David | 303-204-1481 | ddp.com@msn.com     | All Inspections |

**Compliance Summary:**QtrQtr: SENW Sec: 22 Twp: 7N Range: 65W**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name  | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|-------------------------------------|
| 432326      | WELL | PR     | 10/20/2013  | OW         | 123-37066 | Triangle 4-22  | PR          | <input checked="" type="checkbox"/> |
| 432328      | WELL | PR     | 09/05/2013  | OW         | 123-37067 | Triangle 18-22 | PR          | <input checked="" type="checkbox"/> |
| 432329      | WELL | PR     | 08/16/2013  | OW         | 123-37068 | Triangle 6-22  | PR          | <input checked="" type="checkbox"/> |
| 432633      | WELL | PR     | 09/11/2013  | OW         | 123-37204 | Triangle 32-22 | PR          | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

|                              |                         |                      |                         |
|------------------------------|-------------------------|----------------------|-------------------------|
| Special Purpose Pits: _____  | Drilling Pits: _____    | Wells: <u>4</u>      | Production Pits: _____  |
| Condensate Tanks: _____      | Water Tanks: <u>2</u>   | Separators: <u>2</u> | Electric Motors: _____  |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____     | LACT Unit: _____     | Pump Jacks: _____       |
| Electric Generators: _____   | Gas Pipeline: _____     | Oil Pipeline: _____  | Water Pipeline: _____   |
| Gas Compressors: _____       | VOC Combustor: <u>2</u> | Oil Tanks: <u>4</u>  | Dehydrator Units: _____ |
| Multi-Well Pits: _____       | Pigging Station: _____  | Flare: _____         | Fuel Tanks: _____       |

**Location**

| <b>Signs/Marker:</b> |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS | SATISFACTORY                 |         |                   |         |
| BATTERY              | SATISFACTORY                 |         |                   |         |

Inspector Name: Gomez, Jason

|   |  |                        |
|---|--|------------------------|
| Emergency Contact Number (S/A/V): <u>SATISFACTORY</u> |  | Corrective Date: _____ |
| Comment: _____  |  |                        |
| Corrective Action: _____                              |  |                        |

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

|                  |                              |           |                   |         |
|------------------|------------------------------|-----------|-------------------|---------|
| <b>Fencing/:</b> |                              |           |                   |         |
| Type             | Satisfactory/Action Required | Comment   | Corrective Action | CA Date |
| OTHER            | SATISFACTORY                 | ECD Panel |                   |         |
| WELLHEAD         | SATISFACTORY                 | Panel     |                   |         |

|                             |   |                              |         |                   |         |
|-----------------------------|---|------------------------------|---------|-------------------|---------|
| <b>Equipment:</b>           |   |                              |         |                   |         |
| Type                        | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Gas Meter Run               | 1 | SATISFACTORY                 |         |                   |         |
| Emission Control Device     | 3 | SATISFACTORY                 |         |                   |         |
| Bird Protectors             | 5 | SATISFACTORY                 |         |                   |         |
| Compressor                  | 1 | SATISFACTORY                 |         |                   |         |
| Horizontal Heated Separator | 2 | SATISFACTORY                 |         |                   |         |

|   |                |          |                |                        |
|---|----------------|----------|----------------|------------------------|
| <b>Facilities:</b> <input type="checkbox"/> New Tank Tank ID: _____ |                |          |                |                        |
| Contents  | #              | Capacity | Type           | SE GPS                 |
| PRODUCED WATER  | 1              | 200 BBLS | PBV FIBERGLASS | 40.562000,-104.649780  |
| S/A/V:  | Comment: _____ |          |                |                        |
| Corrective Action:  | _____          |          |                | Corrective Date: _____ |

|                  |       |
|------------------|-------|
| <b>Paint</b>     |       |
| Condition        | _____ |
| 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>Facilities:</b>             |   | <input type="checkbox"/> New Tank |                     | Tank ID: _____         |         |
| Contents                       | #   | Capacity                          | Type                | SE GPS                 |         |
| CRUDE OIL                      | 4   | 300 BBLS                          | STEEL AST           | 40.562000,-104.649780  |         |
| 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            |         |
| 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 |
|                                |   |                                   |                     |                        |         |
| <b><u>Predrill</u></b>         |   |                                   |                     |                        |         |
| Location ID: 432328            |   |                                   |                     |                        |         |
| <b>Site Preparation:</b>       |   |                                   |                     |                        |         |
| Lease Road Adeq.: _____        |   | Pads: _____                       |                     | Soil Stockpile: _____  |         |
| <b>S/A/V:</b> _____            |   |                                   |                     |                        |         |
| Corrective Action: _____       |   | Date: _____                       |                     | CDP Num.: _____        |         |
| <b>Form 2A COAs:</b>           |   |                                   |                     |                        |         |
| <b>S/A/V:</b> _____            |   | <b>Comment:</b> _____             |                     |                        |         |
| <b>CA:</b> _____               |   |                                   |                     | <b>Date:</b> _____     |         |
| <b>Wildlife BMPs:</b>          |   |                                   |                     |                        |         |
| BMP Type                       | Comment   |                                   |                     |                        |         |
| Interim Reclamation            | Utilize only such area around each producing well as is reasonably necessary. Restore the remainder of the well site location to its original condition within a reasonable time after the completion of operations. All reseeding shall be done with grasses consistent with the Rocky Mountain native mix or other grasses reasonably requested by surface owner and during planting period suggested by Owner.   |                                   |                     |                        |         |
| Drilling/Completion Operations | When available and reasonable use a closed-loop drilling mud system to preclude the use of an earthen reserve pits when available. Light Sources will likewise be directed downwards, and away from occupied structures where possible. Once the drilling and completions rigs leave the site, there will be no permanently installed lighting on site. The operator will work with the Town of Severance to develop a traffic plan for access to the locations and traffic through Town streets. |                                   |                     |                        |         |

|                             |  |
|-----------------------------|--|
| Planning                    | When feasible develop multiple well sites by using directional drilling to reduce cumulative impacts and adverse impacts on wildlife resources.  |
| Storm Water/Erosion Control | Use water bars, and other measures to prevent erosion and non-source pollution. Implement and maintain BMPs to control stormwater runoff in a manner that minimizes erosion, transport of sediment offsite, and site degradation. Co-locate gas and water gathering lines whenever feasible, and mitigate any erosion problems that arise due to the construction of any pipeline(s).  |
| Site Specific               | Fence the well site after drilling to restrict public and wildlife access.<br>Keep well site location, the road, and the pipeline easement free of noxious weeds, litter and debris.<br>Spray for noxious weeds, and implement dust control, as needed.<br>Operator will not permit the release or discharge of any toxic or hazardous chemicals or wastes on Owner's Land.<br>Construct and maintain gates where any roads used by operator, its employees, or contractors cross through fences on the leased premises. |
| Construction                | Remove only the minimum amount of vegetation necessary for the construction of roads and facilities.<br>Conserve topsoil during excavation and reuse as cover on disturbed areas to facilitate regrowth of vegetation.<br>No construction or routine maintenance activities will be performed during periods when the soil is too wet to adequately support construction equipment.  |
| Final Reclamation           | All surface restoration shall be accomplished to the satisfaction of Owner.<br>All reseeding shall be done with grasses consistent with the Rocky Mountain native mix or other grasses reasonably requested by surface owner and during planting period suggested by Owner.<br>Final reclamation shall be completed to the reasonable satisfaction of the Owner as soon as practical after installation (weather permitting) and in accordance with regulatory agency standards (BLM/COGCC).                             |

**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:

Inspector Name: Gomez, Jason

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

#### Facility

Facility ID: 432326 Type: WELL API Number: 123-37066 Status: PR Insp. Status: PR

#### Producing Well

Comment: PR

Facility ID: 432328 Type: WELL API Number: 123-37067 Status: PR Insp. Status: PR

#### Producing Well

Comment: PR

Facility ID: 432329 Type: WELL API Number: 123-37068 Status: PR Insp. Status: PR

#### Producing Well

Comment: PR

Facility ID: 432633 Type: WELL API Number: 123-37204 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  
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): 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: IRRIGATED

Comment:

Inspector Name: Gomez, Jason

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? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Guy line anchors removed? Pass CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Guy line anchors marked? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_

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

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? In

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 In

1003 f. Weeds Noxious weeds? \_\_\_\_\_ P \_\_\_\_\_

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

Overall Interim Reclamation In Process

#### **Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: IRRIGATED

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: Gomez, Jason

|                           |  |                                 |                          |
|---------------------------|--|---------------------------------|--------------------------|
| Corrective Action:        |  | Date                            |                          |
| Overall Final Reclamation |  | Well Release on Active Location | <input type="checkbox"/> |
|                           |  | Multi-Well Location             | <input type="checkbox"/> |

| Storm Water:     |                 |                         |                       |               |                          |         |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Gravel           | Pass            |                         |                       |               |                          |         |

S/A/V: SATISFACTOR  
Y Corrective Date: \_\_\_\_\_

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

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

Pits: ☒ NO SURFACE INDICATION OF PIT