

**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:
09/19/2014Document Number:
668900232Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 213033 | 324837 | Welsh, Brian | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 8005Name of Operator: BERRY ENERGY INC*WALTERAddress: 1717 WASHINGTON AVECity: GOLDEN State: CO Zip: 80401-

- ☐ 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 |
|---------------|--------------|-------------------------|---------|
| Dennis, Penny | 303-279-0190 | berryenergy@comcast.net | |

Compliance Summary:QtrQtr: SESE Sec: 26 Twp: 18S Range: 51W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 10/13/2010 | 200278614 | PR | PR | SATISFACTORY | | | No |
| 02/10/2010 | 200231073 | PR | PR | SATISFACTORY | | | No |
| 09/03/2008 | 200194797 | PR | PR | ACTION REQUIRED | | | Yes |
| 11/20/2006 | 200099421 | PR | SI | SATISFACTORY | | Pass | No |
| 11/08/2000 | 200012783 | PR | PR | SATISFACTORY | I | Pass | No |
| 01/12/1999 | 500145146 | PR | PR | | | Fail | Yes |
| 09/12/1997 | 500145145 | ID | SI | | | Pass | No |
| 10/24/1996 | 500145144 | PR | PR | | | Pass | No |
| 12/27/1995 | 500145143 | PR | PR | | | Pass | Yes |
| 11/16/1994 | 500145142 | | PR | | | | Yes |
| 01/17/1994 | 500145141 | | PR | | | Pass | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|--|
| 115337 | PIT | | 09/23/1999 | | - | STAVELY 1-26 | <input type="checkbox"/> |
| 213033 | WELL | PR | 09/24/2007 | OW | 061-06394 | STAVELY 1-26 | PR <input checked="" type="checkbox"/> |

Equipment:**Location Inventory**

Inspector Name: Welsh, Brian

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 | DIRT ROADTHROUGH PASTURE | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------------------|------------------------------|-----------------------------------|-------------------|---------|
| WELLHEAD | SATISFACTORY | SMALL METAL SIGN ON FENCE AT UNIT | | |
| TANK LABELS/PLACARDS | SATISFACTORY | STICKERS ON TANKS AND TREATER | | |
| BATTERY | SATISFACTORY | LEASE SIGN AT BATTERY | | |

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 | WIRE FENCE AROUND METER RUN | | |
| TANK BATTERY | SATISFACTORY | WIRE FENCE AROUND TANKS AND TREATER | | |
| PUMP JACK | SATISFACTORY | WIRE FENCE AROUND UNIT AND WELLHEAD | | |
| OTHER | SATISFACTORY | PIPE FENCE AROUND FLOWLINE RISERS | | |

Inspector Name: Welsh, Brian

| Equipment: | | | | | |
|-------------------------|---|------------------------------|---------|-------------------|---------|
| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Vertical Separator | 0 | | | | |
| Vertical Heater Treater | 1 | SATISFACTORY | | | |

Facilities: ☐ New Tank Tank ID: _____

| | | | | |
|----------------|---|----------|----------------|-----------------------|
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 1 | 200 BBLS | FIBERGLASS AST | 38.455090,-103.080490 |

S/A/V: SATISFACTORY Comment: **OPEN TOP TANK W/ADEQUATE NETTING**

Corrective Action: _____ Corrective Date: _____

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| | | | | |
|------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |

Corrective Action _____ Corrective Date _____

Comment **SHARED BERMS WITH OIL TANKS AND TREATER**

Facilities: ☐ New Tank Tank ID: _____

| | | | | |
|-----------|---|----------|-----------|-----------------------|
| Contents | # | Capacity | Type | SE GPS |
| CRUDE OIL | 2 | 300 BBLS | STEEL AST | 38.455090,-103.080490 |

S/A/V: SATISFACTORY Comment: **NORTH TANK REPAIRED, MANHOLE COVER IN PLACE.**

Corrective Action: _____ Corrective Date: _____

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

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 **REPAIR BERMS FOR ADEQUATE CAPACITY**

Venting:

| | |
|--------|---------|
| Yes/No | Comment |
| NO | |

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

Predrill

Location ID: 213033

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: 213033 Type: WELL API Number: 061-06394 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING

Environmental**Spills/Releases:**

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

Inspector Name: Welsh, Brian

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? _____

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 _____

Inspector Name: Welsh, Brian

Non-Cropland

Top soil replaced Pass

Recontoured Pass

80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

Comment: **UNUSED AREAS OF LOCATION ARE PASTURE**

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: **BERMS WILL NEED TO BE REPAIRED FOR ADEQUATE CAPACITY**

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT