

**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:
10/21/2014Document Number:
666800193Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	290200	335083	Murray, Richard	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10071Name of Operator: BARRETT CORPORATION* BILLAddress: 1099 18TH ST STE 2300City: 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
Zavadil, Duane	303-312-8128	dzavadil@billbarrettcorp.com	All Inspections
Kellerby, Shaun		shaun.kellerby@state.us.co	
Axelsson, Aaron	(970) 230-0926	aaxelson@billbarrettcorp.com	Production Foreman

Compliance Summary:QtrQtr: NWNE Sec: 20 Twp: 6S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/25/2011	200311596	RT	PR	SATISFACTORY			No
01/27/2011	200294352	PR	PR	SATISFACTORY			No
12/12/2010	200291150	PR	PR	SATISFACTORY			No

Inspector Comment:Tank battery with facilities #418614**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
277912	WELL	PR	06/06/2006	GW	045-10809	GUCCINI 41D-20-692	PR	X
277913	WELL	PR	06/07/2006	GW	045-10810	GUCCINI 41B-20-692	PR	X
277914	WELL	PR	06/07/2006	GW	045-10811	GUCCINI 31D-20-692	PR	X
277915	WELL	PR	06/05/2006	GW	045-10812	GUCCINI 31B-20-692	PR	X
290198	WELL	PR	04/17/2012	GW	045-14053	GUCCINI 31A-20-692	PR	X
290200	WELL	PR	04/17/2012	GW	045-14052	GUCCINI 41C-20-692	PR	X
290202	WELL	PR	09/05/2007	GW	045-14051	GUCCINI 31C-20-692	PR	X
290203	WELL	PR	09/05/2007	GW	045-14050	GUCCINI 41A-20-692	PR	X

Equipment:Location Inventory

Inspector Name: Murray, Richard

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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	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	Steel panel		
SEPARATOR	SATISFACTORY	Wire mesh		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	8	SATISFACTORY			
Ancillary equipment	3	SATISFACTORY	Chemical units at wellhead		
Horizontal Heated Separator	8	SATISFACTORY			
Pig Station	1	SATISFACTORY			
Deadman # & Marked	6	SATISFACTORY			
Bird Protectors	4	SATISFACTORY			
Plunger Lift	8	SATISFACTORY			

Venting:

Yes/No	Comment
YES	Bradenhead valves open

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 290200

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: 277912 Type: WELL API Number: 045-10809 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 277913 Type: WELL API Number: 045-10810 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 277914 Type: WELL API Number: 045-10811 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

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Facility ID: 277915 Type: WELL API Number: 045-10812 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 290198 Type: WELL API Number: 045-14053 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 290200 Type: WELL API Number: 045-14052 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 290202 Type: WELL API Number: 045-14051 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 290203 Type: WELL API Number: 045-14050 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:

DWR Receipt Num: Owner Name: GPS : Lat Long

Field Parameters:

Sample Location:

Emission Control Burner (ECB): N

Comment:

Pilot: Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: Date Interim Reclamation Completed:
Land Use:
Comment:

Inspector Name: Murray, Richard

1003a. Debris removed? _____ CM _____
CA _____ CA Date _____
Waste Material Onsite? _____ CM _____
CA _____ CA Date _____
Unused or unneeded equipment onsite? _____ CM _____
CA _____ CA Date _____
Pit, cellars, rat holes and other bores closed? _____ 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 ? _____

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? _____

Production areas have been stabilized? _____ 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? _____

Comment: _____

Overall Interim Reclamation

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: _____

Inspector Name: Murray, Richard

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

S/A/V: Corrective Date:

Comment:

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT