

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:
10/21/2014

Document Number:
666800197

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>263512</u>	<u>335379</u>	<u>Murray, Richard</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>10071</u>
Name of Operator:	<u>BARRETT CORPORATION* BILL</u>
Address:	<u>1099 18TH ST STE 2300</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>

- 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
Kellerby, Shaun		shaun.kellerby@state.us.co	
Axelson, Aaron	(970) 230-0926	aaxelson@billbarrettcorp.com	Production Foreman

Compliance Summary:

QtrQtr:	<u>NWSW</u>	Sec:	<u>20</u>	Twp:	<u>6S</u>	Range:	<u>92W</u>
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Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/11/2012	663800067	PR	PR	SATISFACTORY			No
01/27/2011	200293711	PR	PR	SATISFACTORY			No
10/06/2005	200083902	CO	PR	SATISFACTORY		Pass	No
12/09/2004	200066081	CC	WO	SATISFACTORY		Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
263512	WELL	PR	04/05/2005	GW	045-08133	BRYNILDSON 13C-20-692	PR	<input checked="" type="checkbox"/>
276580	WELL	PR	03/13/2009	GW	045-10488	BRYNILDSON 13B-20-692	PR	<input checked="" type="checkbox"/>
276581	WELL	PR	05/31/2005	GW	045-10487	BRYNILDSON 12A-20-692	PR	<input checked="" type="checkbox"/>
276741	WELL	PR	03/01/2009	GW	045-10513	BRYNILDSON 13D-20-692	PR	<input checked="" type="checkbox"/>
297757	WELL	PR	03/16/2009	GW	045-16952	BRYNILDSON 12C-20-692	PR	<input checked="" type="checkbox"/>
297758	WELL	PR	03/06/2009	GW	045-16953	BRYNILDSON 22A-20-692	PR	<input checked="" type="checkbox"/>
297759	WELL	PR	03/01/2009	GW	045-16954	BRYNILDSON 22B-20-692	PR	<input checked="" type="checkbox"/>
297760	WELL	PR	03/01/2009	GW	045-16955	BRYNILDSON 22C-20-692	PR	<input checked="" type="checkbox"/>

297761	WELL	PR	03/11/2009	GW	045-16956	BRYNILDSON 23B-20-692	PR	<input checked="" type="checkbox"/>
297762	WELL	PR	03/05/2009	GW	045-16957	BRYNILDSON 23C-20-692	PR	<input checked="" type="checkbox"/>
297763	WELL	PR	02/25/2009	GW	045-16958	BRYNILDSON 23D-20-692	PR	<input checked="" type="checkbox"/>
297764	WELL	PR	03/10/2009	GW	045-16959	BRYNILDSON 12B-20-692	PR	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

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
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
CONTAINERS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	ACTION REQUIRED	2 Chemical units by wellhead	Remove unused equipment	11/21/2014

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
IGNITOR/COMBUSTOR	SATISFACTORY	Wire mesh		
WELLHEAD	SATISFACTORY	Steel panel		
SEPARATOR	SATISFACTORY	Wire mesh		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	12	SATISFACTORY			
Ancillary equipment	2	SATISFACTORY	Chemical unit		
Emission Control Device	1	SATISFACTORY			
Plunger Lift	12	SATISFACTORY			
Bird Protectors	10	SATISFACTORY			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS	
CONDENSATE	3	500 BBLS	STEEL AST	,	
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	
Comment					

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS	
CONDENSATE	3	500 BBLS	HEATED STEEL AST	,	
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	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

Venting:	
Yes/No	Comment
YES	Bradenhead valves open

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

Predrill

Location ID: 263512

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: 263512 Type: WELL API Number: 045-08133 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 276580	Type: WELL	API Number: 045-10488	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 276581	Type: WELL	API Number: 045-10487	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 276741	Type: WELL	API Number: 045-10513	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297757	Type: WELL	API Number: 045-16952	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297758	Type: WELL	API Number: 045-16953	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297759	Type: WELL	API Number: 045-16954	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297760	Type: WELL	API Number: 045-16955	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297761	Type: WELL	API Number: 045-16956	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297762	Type: WELL	API Number: 045-16957	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297763	Type: WELL	API Number: 045-16958	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297764	Type: WELL	API Number: 045-16959	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): 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: _____

Comment: _____

- 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

Inspector Name: Murray, Richard

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: _____

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

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT