

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



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Inspection Date:
10/21/2014

Document Number:
673900566

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>432010</u>	<u>432011</u>	<u>Rains, Bill</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: 10071

Name of Operator: BARRETT CORPORATION* BILL

Address: 1099 18TH ST STE 2300

City: 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
Fallang, Tracey	303-312-8134	tfallang@billbarrettcorp.com	All Inspections
Hirtler, Christina	303-312-8597	chirtler@billbarrettcorp.com	regulatory analyst
Zavadil, Duane		dzavadil@billbarrettcorp.com	All Inspections

Compliance Summary:

QtrQtr: NWSW Sec: 32 Twp: 5N Range: 63W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
432010	WELL	DG	04/04/2013	OW	123-36897	CVR 5-63-32-3225CDH	PR	<input checked="" type="checkbox"/>
432012	WELL	DG	04/05/2013	OW	123-36898	CVR 5-63-32-3225CH	PR	<input checked="" type="checkbox"/>
432013	WELL	DG	04/04/2013	OW	123-36899	CVR 5-63-32-3340BH	PR	<input checked="" type="checkbox"/>
432378	WELL	DG	04/06/2013	OW	123-37085	CVR 5-63-32-1724BH	PR	<input checked="" type="checkbox"/>
432379	WELL	DG	04/07/2013	OW	123-37086	CVR 5-63-32-1609CDH	PR	<input checked="" type="checkbox"/>
432380	WELL	DG	04/09/2013	OW	123-37087	CVR 5-63-32-1609CH	PR	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>6</u>	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

Inspector Name: Rains, Bill

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			

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

Comment: _____

Corrective Action: _____

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

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Gas Meter Run	10	SATISFACTORY			
Flare	1	SATISFACTORY			
Horizontal Heated Separator	7	SATISFACTORY			
Vertical Separator	6	SATISFACTORY			
Compressor	1	SATISFACTORY			
Ancillary equipment	4	SATISFACTORY	METH PUMPS AND MOTOR OIL TANK		
Emission Control Device	3	SATISFACTORY			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	300 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: _____

Inspector Name: Rains, Bill

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	400 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
CRUDE OIL	12	400 BBLS	STEEL AST	40.355570,-104.466600
S/A/V:	SATISFACTORY		Comment: BURNERS ON CRUDE OIL TANKS BUT ALL DISCONNECTED AND NOT IN USE	
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
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 432010

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:

BMP Type	Comment
Drilling/Completion Operations	<p>BBC GENERAL PRACTICES</p> <p>NOTIFICATIONS</p> <ul style="list-style-type: none"> • Proper notifications required by COGCC regulations or policy memos will be adhered to <p>TRENCHES/PITS/TEMPORARY FRAC TANKS</p> <ul style="list-style-type: none"> • Unlined pits will not be constructed on fill material. • Drill cuttings from the wellbore will be directed into a lined and bermed surface containment. Any free liquids accumulated in the containment would be removed as soon as practicable. • Flowback and stimulation fluids from the wells being completed will be sent to tanks and/or filters to allow the sand to settle out before the fluids are hauled to a state approved disposal facility. • Temporary frac tanks installed on location will have proper secondary containment according to SPCC regulations such as either putting a perimeter berm around location or around the frac tanks.

Storm Water/Erosion Control

STORM WATER AND SPILL CONTROL PRACTICES

GENERAL

- Utilize diking and other forms of containment and diversions around tanks, drums, chemicals, liquids, pits, impoundments, or well pads
- Use drip pans, sumps, or liners where appropriate
- Limit the amount of land disturbed during construction of pad, access road, and facilities
- Employ spill response plan (SPCC) for all facilities
- Dispose properly offsite any wastes fluids and other materials

MATERIAL HANDLING, ACTIVITIES, PRACTICES AND STORM WATER DIVERSION

- Secondary containment of tanks, drums, and storage areas is mandatory to prohibit discharges to surface waters. A minimum of 110% capacity required of largest storage tank within a containment area
- Material handling and spill prevention procedures and practices will be followed to help prohibit discharges to surface waters
- Proper loading, and transportation procedures to be followed for all materials to and from locations

EROSION CONTROL

- Pad and access road to be designed to minimize erosion
- Pad and access road to implement appropriate erosion control devices where necessary to minimize erosion
- Routine inspections of sites and controls to be implemented with additions, repairs, and optimization to occur as necessary to minimize erosion

SELF INSPECTION, MAINTENANCE, AND HOUSEKEEPING

- All employees are trained in spill response, good housekeeping, material management practices, and procedures for equipment and container washing annually
- Conduct internal storm water inspections per applicable stormwater regulations
- Conduct routine informal inspections of all tanks and storage facilities at least weekly
- All containment areas are to be inspected weekly or following a heavy rain event.
- Any excessive precipitation accumulation within containment should be removed as appropriate and disposed of properly
- All structural berms, dikes, and containment will be inspected periodically to ensure they are operating correctly

SPILL RESPONSE

- Spill response procedures as per the BBC field SPCC Plan

VEHICLE & LOCATION PROCEDURES

- Vehicles entering location are to be free of chemical, oil, mud, weeds, trash, and debris
- Location to be treated to kill weeds and bladed when necessary

S/AV: _____ 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: _____

Inspector Name: Rains, Bill

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: 432010 Type: WELL API Number: 123-36897 Status: DG Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: BRADENHEAD EXPOSES TO SURFACE

CA: _____

CA Date: _____

Facility ID: 432012 Type: WELL API Number: 123-36898 Status: DG Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: BRADENHEAD EXPOSES TO SURFACE

CA: _____

CA Date: _____

Facility ID: 432013 Type: WELL API Number: 123-36899 Status: DG Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: BRADENHEAD EXPOSES TO SURFACE

CA: _____

CA Date: _____

Facility ID: 432378 Type: WELL API Number: 123-37085 Status: DG Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: BRADENHEAD EXPOSES TO SURFACE

CA: _____

CA Date: _____

Facility ID: 432379 Type: WELL API Number: 123-37086 Status: DG Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: BRADENHEAD EXPOSES TO SURFACE

CA:

CA Date:

Facility ID: 432380 Type: WELL API Number: 123-37087 Status: DG Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: BRADENHEAD EXPOSES TO SURFACE

CA:

CA Date:

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: IRRIGATED

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? _____

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? Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced Pass Recontoured Pass 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: 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: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Well Release on Active Location Multi-Well Location

Inspector Name: Rains, Bill

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

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT