

**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:

673900570

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 271413      | 332236 | Rains, Bill     | <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            |
|--------------------|--------------|------------------------------|--------------------|
| Hirtler, Christina | 303-312-8597 | chirtler@billbarrettcorp.com | regulatory analyst |
| Zavadil, Duane     |              | dzavadil@billbarrettcorp.com | All Inspections    |
| Fallang, Tracey    | 303-312-8134 | tfallang@billbarrettcorp.com | All Inspections    |

**Compliance Summary:**QtrQtr: SENE Sec: 32 Twp: 5N Range: 63W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 06/12/2009 | 200212676 | PR         | PR          | SATISFACTORY                  | I        |                | No              |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name  | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|-------------------------------------|
| 271413      | WELL | PR     | 04/05/2008  | OW         | 123-22020 | SIEBRING 42-32 | 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 Motors: _____ | 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                 |         |                   |         |

Inspector Name: Rains, Bill

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 |
|----------|------------------------------|---------|-------------------|---------|
| WELLHEAD | SATISFACTORY                 |         |                   |         |

**Equipment:**

| Type         | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|--------------|---|------------------------------|---------|-------------------|---------|
| Plunger Lift | 1 | SATISFACTORY                 |         |                   |         |

**Facilities:**

☐ New Tank

Tank ID: \_\_\_\_\_

| Contents | # | Capacity | Type                | SE GPS |
|----------|---|----------|---------------------|--------|
|          |   |          | CENTRALIZED BATTERY | ,      |

S/A/V: \_\_\_\_\_

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

Corrective Action: \_\_\_\_\_

Corrective Date: \_\_\_\_\_

**Paint**

|           |       |
|-----------|-------|
| Condition | _____ |
|-----------|-------|

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

**Berms**

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

Corrective Action \_\_\_\_\_

Corrective Date \_\_\_\_\_

Comment \_\_\_\_\_

**Venting:**

Yes/No \_\_\_\_\_ Comment \_\_\_\_\_

NO \_\_\_\_\_

**Flaring:**

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

**Predrill**

Location ID: 271413

**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: 271413 Type: WELL API Number: 123-22020 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: NO BRADENHEAD EXPOSED TO SURFACE

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

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

**Environmental****Spills/Releases:**

Inspector Name: Rains, Bill

|                                   |                    |                               |
|-----------------------------------|--------------------|-------------------------------|
| Type of Spill: _____              | Description: _____ | Estimated Spill Volume: _____ |
| Comment: _____                    |                    |                               |
| Corrective Action: _____          |                    | Date: _____                   |
| Reportable: _____                 | GPS: Lat _____     | Long _____                    |
| Proximity to Surface Water: _____ |                    | Depth to Ground Water: _____  |

|                        |                   |             |            |
|------------------------|-------------------|-------------|------------|
| <b>Water Well:</b>     |                   | 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 Date _____ |
|        | Waste Material Onsite?                          | Pass | CM | _____ | CA Date _____ |
|        | Unused or unneeded equipment onsite?            | Pass | CM | _____ | CA Date _____ |
|        | Pit, cellars, rat holes and other bores closed? | Pass | CM | _____ | CA Date _____ |
|        | Guy line anchors removed?                       |      | CM | _____ | CA Date _____ |
|        | Guy line anchors marked?                        | Pass | CM | _____ | 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

Inspector Name: Rains, Bill

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: \_\_\_\_\_

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 | Ditches                 | Pass                  |               |                          |         |
|                  |                 | Gravel                  | Pass                  |               |                          |         |

S/A/V: SATISFACTOR  
Y

Corrective Date: \_\_\_\_\_

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

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

**Pits:** ☒ NO SURFACE INDICATION OF PIT