

**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:

674601112

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 214397 | 325249 | Maclaren, Joe | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 26580Name of Operator: BURLINGTON RESOURCES OIL & GAS LPAddress: PO BOX 4289City: FARMINGTON State: NM Zip: 87499

- ☐ 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 |
|-------------------|----------------|---------------------------------------|-----------------|
| McDaniel, Heather | | heather.d.mcdaniel@conocophillips.com | SW Insp Reports |
| Journey, Denise | (505) 326-9556 | Denise.Journey@conocophillips.com | SW Insp Reports |
| Busse, Dollie | | dollie.l.busse@conocophillips.com | SW Insp Reports |

Compliance Summary:QtrQtr: NWSW Sec: 19 Twp: 32N Range: 6W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/14/2009 | 200208610 | PR | PR | SATISFACTORY | | | No |
| 11/21/2006 | 200107587 | PR | PR | SATISFACTORY | | Pass | No |
| 10/04/2005 | 200080331 | PR | PR | SATISFACTORY | | Pass | No |
| 11/10/2003 | 200049327 | PR | PR | SATISFACTORY | | Pass | No |
| 10/08/2002 | 200032234 | PR | PR | SATISFACTORY | | Pass | No |
| 08/07/2000 | 200010282 | PR | PR | SATISFACTORY | | Pass | No |
| 02/16/1999 | 500147320 | PR | PR | | | Pass | No |
| 09/16/1998 | 500147319 | PR | PR | | | Pass | No |
| 09/16/1998 | 500147315 | PR | | | | Pass | No |
| 09/16/1998 | 500147318 | PR | | | | Pass | No |
| 01/02/1998 | 500147317 | PR | PR | | | Pass | No |
| 01/29/1997 | 500147314 | PR | PR | | | Pass | No |
| 07/12/1995 | 500147313 | PR | PR | | | | No |
| 07/12/1995 | 500147316 | PR | PR | | | | No |

Inspector Comment:**Related Facilities:**

Inspector Name: Maclaren, Joe

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------|-------------------------------------|
| 214397 | WELL | PR | 03/30/1998 | GW | 067-05815 | ALLISON UNIT 25 | 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: _____ |

LocationEmergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-------|------------------------------|--|-----------------------------|---------|
| TRASH | | Wood trash (old picnic table) on east side well pad. | Remove trash from location. | |

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 around open top tank | | |

Equipment:

| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-----------------------------|---|------------------------------|-----------------------|-------------------|---------|
| Ancillary equipment | 1 | SATISFACTORY | Domestic House Tap | | |
| Ancillary equipment | 3 | SATISFACTORY | Gas Line Risers | | |
| Bird Protectors | 1 | SATISFACTORY | | | |
| Ancillary equipment | 1 | SATISFACTORY | Telemetry Equipment | | |
| Plunger Lift | 1 | SATISFACTORY | | | |
| Flow Line | 1 | SATISFACTORY | | | |
| Horizontal Heated Separator | 1 | SATISFACTORY | | | |
| Ancillary equipment | 1 | SATISFACTORY | AC Electrical Service | | |
| Gas Meter Run | 1 | SATISFACTORY | | | |

Facilities:☐ New Tank

Tank ID: _____

Inspector Name: Maclaren, Joe

| | | | | | | | |
|------------------------|------------------------------|----------------------|---------------------|-------------|-----------------------|------------------|--|
| Contents | | # | Capacity | Type | SE GPS | | |
| PRODUCED WATER | | 1 | OTHER | Open Top | 37.002580,-107.548570 | | |
| S/A/V: | SATISFACTORY | | Comment: 125 BBLs | | | | |
| 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 | | Tank in metal cellar | | | | | |
| Venting: | | | | | | | |
| Yes/No | | Comment | | | | | |
| NO | | | | | | | |
| Flaring: | | | | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | | CA Date | | |
| | | | | | | | |

Predrill

Location ID: 214397

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: 214397 Type: WELL API Number: 067-05815 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Environmental**Spills/Releases:**

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

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Inspector Name: Maclaren, Joe

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): _____

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? _____ 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? _____

Production areas have been stabilized? Pass 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? _____ I _____

Inspector Name: Maclaren, Joe

Comment: **Weeds scattered around well pad.**

Overall Interim Reclamation In Process

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | Culverts | Pass | | | |
| Gravel | Pass | Gravel | Pass | | | |
| Compaction | Pass | Compaction | Pass | | | |

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

Y

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|-------------------|---|
| 674601131 | Trash on location | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3466953 |