

**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:  
10/24/2014

Document Number:  
667601474

Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>429813</u>	<u>429810</u>	<u>HICKEY, MIKE</u>	<input type="checkbox"/>	

**Operator Information:**

OGCC Operator Number: 26580

Name of Operator: BURLINGTON RESOURCES OIL & GAS LP

Address: PO BOX 4289

City: 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
Strickler, Robert		Robert.D.Strickler@conocophillips.com	All DJ Basin Inspections
Gahr, Dean	(303) 268-3723	Dean.P.Gahr@conocophillips.com	All DJ Basin Inspections

**Compliance Summary:**

QtrQtr: SWNW Sec: 30 Twp: 4S Range: 64W

**Inspector Comment:**

**Flowback inspection. Formation gas and VOC being burned in enclosed flares.**

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
429807	WELL	DG	02/28/2014	LO	005-07189	Watkins 30-5-8H	AO	<input checked="" type="checkbox"/>
429808	WELL	XX	08/03/2012	LO	005-07190	WATKINS 30-5-12H	ND	<input checked="" type="checkbox"/>
429809	WELL	DG	04/22/2014	LO	005-07191	WATKINS 30-5-5H	AO	<input checked="" type="checkbox"/>
429811	WELL	DG	04/05/2014	LO	005-07192	WATKINS 30-5-4H	AO	<input checked="" type="checkbox"/>
429812	WELL	AL	01/14/2014	LO	005-07193	WATKINS 30-5-9H	AL	<input checked="" type="checkbox"/>
429813	WELL	DG	03/20/2014	LO	005-07194	WATKINS 30-5-5GH	AO	<input checked="" type="checkbox"/>

**Equipment:**

Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>2</u>	Wells: <u>6</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>6</u>	Separators: <u>10</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>4</u>	Oil Tanks: <u>20</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: _____

**Location**

<b>Signs/Marker:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	<b>ACTION REQUIRED</b>	750 Bbl tanks require labels.	Install sign to comply with rule 210.	<b>12/01/2014</b>
WELLHEAD	SATISFACTORY	X4		

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

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

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

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

<b>Equipment:</b>					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Bird Protectors	4	SATISFACTORY			
Emission Control Device	4	SATISFACTORY			
Gas Meter Run	4	SATISFACTORY			
Dehydrator	4	SATISFACTORY			
Compressor	4	SATISFACTORY	Prod. eqpt. not yet in use.		
Flare	4	SATISFACTORY	1 under const. three in use. Enclosed multiple stream, Loud.		
Horizontal Heated Separator	4	SATISFACTORY			
Plunger Lift	4	SATISFACTORY			
VRU	4	SATISFACTORY	Electric compressors		

<b>Facilities:</b>				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
OTHER	16	OTHER	STEEL AST	
S/A/V:	SATISFACTORY		Comment: 750 Bbl tanks in one metal containment	
Corrective Action:				Corrective Date:

**Paint**

Condition	Adequate
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Other (Content) \_\_\_\_\_

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

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

<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
Comment			

<b>Venting:</b>	
Yes/No	Comment

<b>Flaring:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Other	SATISFACTORY	Enclosed multi stream flares.		

**Predrill**

Location ID: 429813

**Site Preparation:**  
 Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/AV:** \_\_\_\_\_  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**  
**S/AV:** \_\_\_\_\_ **Comment:** \_\_\_\_\_  
**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Wildlife BMPs:**  
**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: \_\_\_\_\_  
 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: 429807 Type: WELL API Number: 005-07189 Status: DG Insp. Status: AO

Facility ID: 429808 Type: WELL API Number: 005-07190 Status: XX Insp. Status: ND

**Well Stimulation**

Stimulation Company: Select Stimulation Type: HYDRAULIC FRAC  
 Observation: Other: Flowback  
 Maximum Casing Recorded: \_\_\_\_\_ PSI Tubing: \_\_\_\_\_  
 Surface: \_\_\_\_\_ Intermediate: \_\_\_\_\_  
 Production: \_\_\_\_\_ Instantaneous Shut-In Pressure (ISIP) \_\_\_\_\_  
 Bradenhead Psi: \_\_\_\_\_ Frac Flow Back: \_\_\_\_\_ Fluid: \_\_\_\_\_ Gas: \_\_\_\_\_

Facility ID: 429809 Type: WELL API Number: 005-07191 Status: DG Insp. Status: AO

Facility ID: 429811 Type: WELL API Number: 005-07192 Status: DG Insp. Status: AO

Facility ID: 429812 Type: WELL API Number: 005-07193 Status: AL Insp. Status: AL

Facility ID: 429813 Type: WELL API Number: 005-07194 Status: DG Insp. Status: AO

**Well Stimulation**

Stimulation Company: \_\_\_\_\_ Stimulation Type: HYDRAULIC FRAC  
 Observation: Other: \_\_\_\_\_  
 Maximum Casing Recorded: \_\_\_\_\_ PSI Tubing: \_\_\_\_\_  
 Surface: \_\_\_\_\_ Intermediate: \_\_\_\_\_  
 Production: \_\_\_\_\_ Instantaneous Shut-In Pressure (ISIP) \_\_\_\_\_  
 Bradenhead Psi: \_\_\_\_\_ Frac Flow Back: \_\_\_\_\_ Fluid: \_\_\_\_\_ Gas: \_\_\_\_\_

**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): \_\_\_\_\_

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

Pilot: \_\_\_\_\_ Wildlife Protection Devices (fired vessels): \_\_\_\_\_

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: RANGELAND

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

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: RANGELAND

Reminder: \_\_\_\_\_

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

- Well plugged \_\_\_\_\_ Pit mouse/rat holes, cellars backfilled \_\_\_\_\_
Debris removed \_\_\_\_\_ No disturbance /Location never built \_\_\_\_\_
Access Roads Regraded \_\_\_\_\_ Contoured \_\_\_\_\_ Culverts removed \_\_\_\_\_

Inspector Name: HICKEY, MIKE

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

**COGCC Comments**

Comment	User	Date
Wells are being flowed back through sealed tanks.	hickeymi	10/24/2014