

**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 |
|----|----|----|----|

Inspection Date:  
12/08/2014

Document Number:  
674601293

Overall Inspection:

**ACTION REQUIRED**

**FIELD INSPECTION FORM**

|                     |               |               |                      |                          |             |
|---------------------|---------------|---------------|----------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:      | On-Site Inspection       | 2A Doc Num: |
|                     | <u>257165</u> | <u>326557</u> | <u>Maclaren, Joe</u> | <input type="checkbox"/> |             |

**Operator Information:**

|                       |   |
|-----------------------|---|
| OGCC Operator Number: | <u>10000</u>                                      |
| Name of Operator:     | <u>BP AMERICA PRODUCTION COMPANY</u>              |
| Address:              | <u>501 WESTLAKE PARK BLVD</u>                     |
| City:                 | <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77079</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            |
|-----------------|--------------|--------------------------|--------------------|
| Campbell, Patti | 970-335-3828 | patricia.campbell@bp.com | Regulatory Analyst |

**Compliance Summary:**

QtrQtr: NWNE Sec: 12 Twp: 34N Range: 7W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 11/15/2010 | 200284197 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 06/07/2006 | 200098807 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 06/16/2004 | 200058028 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 07/10/2002 | 200030474 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 08/31/2001 | 200019814 | ES         | PR          |                               |          |                |                 |
| 08/31/2001 | 200019815 | ES         | PR          |                               |          |                |                 |

**Inspector Comment:**

Please refer to the equipment, facility and housekeeping sections of this report for corrective actions required. This well pad is located within a Bayfield subdivision and is in close proximity to residential housing.

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status                            |
|-------------|------|--------|-------------|------------|-----------|---------------|--|
| 257165      | WELL | PR     | 10/30/2000  | GW         | 067-08296 | LUDWIG 2      | 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**

Inspector Name: Maclaren, Joe

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

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

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

| <b>Good Housekeeping:</b> |                              |   |  |            |
|---------------------------|------------------------------|---|--|------------|
| Type                      | Satisfactory/Action Required | Comment   | Corrective Action  | CA Date    |
| UNUSED EQUIPMENT          | <b>ACTION REQUIRED</b>       | Unused/ disconnected chemical injection system near wellhead. | Put equipment into service or remove from location if no longer needed for well operation. | 01/05/2015 |

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

| <b>Fencing/:</b> |                              |                                |                   |         |
|------------------|------------------------------|--------------------------------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment                        | Corrective Action | CA Date |
| OTHER            | SATISFACTORY                 | Stock Panels/ All Equipment    |                   |         |
| LOCATION         | SATISFACTORY                 | Chain Link with Visual Barrier |                   |         |

| <b>Equipment:</b>         |   |                              |   |  |            |
|---------------------------|---|------------------------------|---|--|------------|
| Type                      | # | Satisfactory/Action Required | Comment   | Corrective Action  | CA Date    |
| Ancillary equipment       | 1 | <b>ACTION REQUIRED</b>       | Chemical Injection System Disconnected (strong odor coming from contents) | Remove from location if no longer required for well operation. | 01/05/2015 |
| Bird Protectors           | 1 | SATISFACTORY                 |   |  |            |
| Ancillary equipment       | 1 | SATISFACTORY                 | Telemetry Equipment   |  |            |
| Pump Jack                 | 1 | SATISFACTORY                 |   |  |            |
| Ancillary equipment       | 1 | SATISFACTORY                 | AC Electrical Service   |  |            |
| Prime Mover               | 1 | SATISFACTORY                 |   |  |            |
| Gas Meter Run             | 1 | SATISFACTORY                 |   |  |            |
| Vertical Heated Separator | 1 | SATISFACTORY                 |   |  |            |

| <b>Facilities:</b>                |  |   |           |                  |            |
|-----------------------------------|--|---|-----------|------------------|------------|
| <input type="checkbox"/> New Tank |  | Tank ID: _____  |           |                  |            |
| Contents                          | #  | Capacity  | Type      | SE GPS           |            |
| PRODUCED WATER                    | 1  | OTHER   | PBV STEEL |                  |            |
| S/A/V:                            | <b>ACTION REQUIRED</b>   | Comment: Coating/ paint peeling; Heavy rust observed on tank. |           |                  |            |
| Corrective Action:                | Confirm tank integrity; Ensure tank is not leaking; Remove, repair or replace as necessary. Tank requires painting in spring 2015 if still in use. |   |           | Corrective Date: | 03/16/2015 |
| <b>Paint</b>                      |  |   |           |                  |            |
| Condition                         | Inadequate   |   |           |                  |            |
| Other (Content) _____             |  |   |           |                  |            |

Inspector Name: Maclaren, Joe

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

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

**Berms**

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

|                   |  |                 |            |
|-------------------|--|-----------------|------------|
| Corrective Action | Raise and maintain earthen berm walls to meet capacity requirements. | Corrective Date | 03/16/2015 |
|-------------------|--|-----------------|------------|

|         |   |
|---------|---|
| Comment | Berm has subsided/ eroded resulting in inadequate capacity. |
|---------|---|

**Venting:**

|        |         |
|--------|---------|
| Yes/No | Comment |
|--------|---------|

|    |  |
|----|--|
| NO |  |
|----|--|

**Flaring:**

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

**Predrill**

Location ID: 257165

**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: 257165 Type: WELL API Number: 067-08296 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 \_\_\_\_\_

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? \_\_\_\_\_ 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? \_\_\_\_\_ 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:

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

S/A/V: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

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   |
|--------------|--|---|
| 674601302    | Disconnected Chemical Injection System | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3503571">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3503571</a> |
| 674601303    | Inadequate earthen berm capacity       | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3503572">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3503572</a> |
| 674601304    | Inadequate berm maintenance/ paint     | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3503573">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3503573</a> |
| 674601305    | Inadequate coating (paint)/ heavy rust | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3503574">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3503574</a> |

## **ACTION REQUIRED**

**ANY ACTION REQUIRED** items listed on this report indicate that the oil and gas facility or the oil and gas operations listed on the report may be in violation of the rules and regulations of the Colorado Oil and Conservation Commission (“COGCC”) and corrective action is required.

There is reasonable cause to believe that a violation of the Oil and Gas Conservation Act, or of any rule, regulation, or order of the Commission, or of any permit issued by the Commission, has occurred. The Operator’s compliance with this Inspection Report is required to resolve these alleged violations. This document requires the Operator to timely respond to the COGCC and to comply with directives as listed by the **Corrective Action Deadline Date**. Failure to do so will result in the issuance of a Notice of Alleged Violation and initiation of enforcement proceedings in which COGCC will seek monetary penalties for the alleged violations pursuant to § 34-60-121, C.R.S. and Rule 523, COGCC Rules of Practice and Procedure, 2 CCR 404-1. (Please note that the COGCC's penalty authority was recently increased to a maximum of \$15,000 per day and penalties are no longer capped at a maximum of \$10,000 per violation.)