

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:
12/18/2014

Document Number:
668500717

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>	2A Doc Num: _____
	<u>213072</u>	<u>324842</u>	<u>Welsh, Brian</u>		

Operator Information:

OGCC Operator Number: <u>8005</u>
Name of Operator: <u>BERRY ENERGY INC*WALTER</u>
Address: <u>1717 WASHINGTON AVE</u>
City: <u>GOLDEN</u> State: <u>CO</u> Zip: <u>80401-</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
Cruson, Michael	(303) 279-0190	mcruson@berryenergyinc.com	All Inspections
Dennis, Penny	303-279-0190/66190	berryenergy@comcast.net	

Compliance Summary:

QtrQtr: NENE Sec: 8 Twp: 19S Range: 50W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/21/2011	200313352	PR	PR	SATISFACTORY			No
05/12/2010	200248654	PR	PR	ACTION REQUIRED			No
04/30/2008	200189291	PR	PR	SATISFACTORY			No
04/14/2008	200130313	PR	PR	ACTION REQUIRED			Yes
01/04/2008	200125084	PR	PR	ACTION REQUIRED			Yes
07/05/2007	200114224	PR	PR	ACTION REQUIRED		Fail	Yes
09/02/2004	200059589	PR	PR	SATISFACTORY		Pass	No
11/08/2000	200012793	PR	PR	ACTION REQUIRED	I	Fail	Yes
01/12/1999	500145236	PR	SI			Pass	No
08/22/1997	500145235	PR	PR			Fail	Yes
10/22/1996	500145234	PR	PR			Fail	Yes
02/02/1996	500145233	PR	PR			Pass	Yes
11/16/1994	500145232		PR				Yes
01/17/1994	500145231		PR			Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
213072	WELL	PR	06/21/2007	OW	061-06433	HELFRICH 4	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

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	DIRT ROAD THROUGH FARM GROUND		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	LEASE SIGN BY UNIT. SIGN IS DIFFICULT TO READ		
TANK LABELS/PLACARDS	SATISFACTORY	STICKERS ON TANKS		

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	SATISFACTORY	STAIRS AT TANK BATTERY LEANING OVER		
STORAGE OF SUPL	SATISFACTORY	BUCKETS AND BARRELS AROUND UNIT		

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
Pump Jack	1	SATISFACTORY	MORGAN UNIT		

Inspector Name: Welsh, Brian

Vertical Heater Treater	0	SATISFACTORY	TREATER REMOVED FROM LOCATION		
Deadman # & Marked	4	SATISFACTORY			
Prime Mover	1	SATISFACTORY	AJAX GAS ENGINE		
Ancillary equipment	5	SATISFACTORY	PROPANE TANK, DAY DRUM, CATHODIC AND 2- GAS SCRUBBERS		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
OTHER	3	300 BBLs	STEEL AST	38.425010,-103.026950

S/A/V: SATISFACTORY	Comment:
Corrective Action:	Corrective Date:

Paint

Condition	Adequate
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Other (Content) CRUDE OIL/PRODUCED WATER _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	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: 213072

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: 213072 Type: WELL API Number: 061-06433 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING

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? 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? _____ 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? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? In

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? _____ P _____

