

**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:
03/11/2015Document Number:
666800753Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	292246	335079	Murray, Richard	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10531Name of Operator: VANGUARD OPERATING LLCAddress: 5847 SAN FELIPE #3000City: HOUSTON State: TX Zip: 77057

- ☐ 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
Axelson, Aaron	970-230-0926	aaxelson@vnrlc.com	Sr. Production Foreman
Ghan, Scott		sghan@vnrlc.com	Sr. EH&S

Compliance Summary:QtrQtr: SWSE Sec: 25 Twp: 6S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/12/2011	200325916	PR	PR	SATISFACTORY			No
10/27/2010	200283906	PR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
54	WELL	PR	04/17/2008	GW	045-15433	SCOTT 34A-25-692	PR	<input checked="" type="checkbox"/>
275249	WELL	PR	11/01/2012	GW	045-13498	SCOTT 24B-25-692	PR	<input checked="" type="checkbox"/>
275250	WELL	PR	07/28/2005	GW	045-13499	SCOTT 34C-25-692	PR	<input checked="" type="checkbox"/>
275864	WELL	PR	07/27/2005	GW	045-10393	SCOTT 24D-25-692	PR	<input checked="" type="checkbox"/>
275866	WELL	PR	04/06/2008	GW	045-10391	SCOTT 24C-25-692	PR	<input checked="" type="checkbox"/>
292244	WELL	PR	04/17/2008	GW	045-14653	SCOTT 34B-25-692	PR	<input checked="" type="checkbox"/>
292245	WELL	PR	04/14/2008	GW	045-14652	SCOTT 34D-25-692	PR	<input checked="" type="checkbox"/>
292246	WELL	PR	04/25/2008	GW	045-14651	SCOTT 33A-25-692	SI	<input checked="" type="checkbox"/>
292247	WELL	PR	04/08/2008	GW	045-14650	SCOTT 24A-25-692	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
BATTERY	SATISFACTORY			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Emission Control Device	2	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
Plunger Lift	9	SATISFACTORY			
Horizontal Heated Separator	9	SATISFACTORY			
Pig Station	1	SATISFACTORY			
Ancillary equipment	0	SATISFACTORY			

Venting:

Yes/No	Comment
YES	Bradenhead valves open

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 292246

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: 54 Type: WELL API Number: 045-15433 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 275249 Type: WELL API Number: 045-13498 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 275250 Type: WELL API Number: 045-13499 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Inspector Name: Murray, Richard

Facility ID: 275864	Type: WELL	API Number: 045-10393	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				

Facility ID: 275866	Type: WELL	API Number: 045-10391	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				

Facility ID: 292244	Type: WELL	API Number: 045-14653	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				

Facility ID: 292245	Type: WELL	API Number: 045-14652	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				

Facility ID: 292246	Type: WELL	API Number: 045-14651	Status: PR	Insp. Status: SI
Idle Well				
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____				
S/A/V: SATISFACTORY CA Date: _____				
CA: _____				
Comment: Last posted production numbers July 2014				

Facility ID: 292247	Type: WELL	API Number: 045-14650	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				

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): Y _____				
Comment: _____				
Pilot: ON	Wildlife Protection Devices (fired vessels): YES			

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? Pass Production areas stabilized ? Pass1003c. Compacted areas have been cross ripped? Pass1003d. 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? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

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: _____

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: Murray, Richard

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
Rip Rap	Pass					
Berms	Pass					
		Culverts	Pass			
Ditches	Pass					
		Check Dams	Pass			
Seeding	Pass					
		Ditches	Pass			

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

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT