

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



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Inspection Date:
03/26/2015

Document Number:
666800807

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>293200</u>	<u>335500</u>	<u>Murray, Richard</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>10531</u>
Name of Operator:	<u>VANGUARD OPERATING LLC</u>
Address:	<u>5847 SAN FELIPE #3000</u>
City:	<u>HOUSTON TX</u> Zip: <u>77057</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
Ghan, Scott		sgghan@vnrlc.com	Sr. EH&S
Axelsson, Aaron	970-230-0926	aaxelsson@vnrlc.com	Sr. Production Foreman

Compliance Summary:

QtrQtr: SWSW Sec: 26 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)
06/17/2013	670200577	PR	PR	SATISFACTORY			No
05/06/2013	670200418	PR	PR	ACTION REQUIRED			No
06/09/2011	200312451	CO	PR	SATISFACTORY			No
04/01/2009	200207767	CO	PR	SATISFACTORY			No

Inspector Comment:

Action required items noted in previous inspection have been satisfied

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
293185	WELL	PR	09/18/2008	GW	045-14918	SCHIRER 13C-26-692	PR	<input checked="" type="checkbox"/>
293186	WELL	PR	09/21/2008	GW	045-14919	SCHIRER 13B-26-692	PR	<input checked="" type="checkbox"/>
293190	WELL	PR	09/15/2008	GW	045-14920	SCHIRER 13A-26-692	PR	<input checked="" type="checkbox"/>
293192	WELL	PR	09/24/2008	GW	045-14921	SCHIRER 14B-26-692	PR	<input checked="" type="checkbox"/>
293193	WELL	PR	11/12/2008	GW	045-14922	SCHIRER 14C-26-692	PR	<input checked="" type="checkbox"/>
293196	WELL	PR	09/20/2008	GW	045-14923	SCHIRER 14D-26-692	PR	<input checked="" type="checkbox"/>
293200	WELL	PR	09/23/2008	GW	045-14917	SCHIRER 13D-26-692	PR	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Inspector Name: Murray, Richard

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
CONTAINERS	SATISFACTORY			
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
Plunger Lift	7	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			
Ancillary equipment	2	SATISFACTORY	Chemical units at wellhead		
Horizontal Heated Separator	7	SATISFACTORY			

Venting:

Yes/No	Comment
YES	Bradenhead valves open

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 293200

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: 293185 Type: WELL API Number: 045-14918 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 293186 Type: WELL API Number: 045-14919 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 293190 Type: WELL API Number: 045-14920 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 293192 Type: WELL API Number: 045-14921 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 293193 Type: WELL API Number: 045-14922 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 293196 Type: WELL API Number: 045-14923 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 293200 Type: WELL API Number: 045-14917 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 ? Pass

1003c. Compacted areas have been cross ripped? Pass

1003d. 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 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: _____

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
		Ditches	Pass			
Blankets	Pass					
		Check Dams	Pass			
Waddles	Pass					
Berms	Pass					
Ditches	Pass					
		Culverts	Pass			
Rip Rap	Pass					

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT