

**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:

03/26/2015

Document Number:

666800809

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	283989	334629	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
Ghan, Scott		sghan@vnrlc.com	Sr. EH&S
Axelsson, Aaron	970-230-0926	aaxelson@vnrlc.com	Sr. Production Foreman

Compliance Summary:QtrQtr: NWSW Sec: 35 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)
12/19/2010	200292083	CO	PR	SATISFACTORY			No
12/06/2010	200287208	PR	PR	SATISFACTORY			No
10/26/2010	200284208	SR	PR	SATISFACTORY			No
11/18/2008	200200526	CO	PR	SATISFACTORY			No
09/18/2007	200123689	PR	PR	SATISFACTORY	I		No
08/13/2007	200117266	CO	PR	SATISFACTORY	I		No
04/19/2007	200114445	CO	PR	SATISFACTORY	I	Pass	No
03/30/2007	200108430	BH	PR	SATISFACTORY	I	Pass	No
02/07/2007	200107808	CO	PR	ACTION REQUIRED	I	Fail	No
02/01/2007	200108077	CO	WO	SATISFACTORY		Pass	No
01/22/2007	200106941	PR	PR	SATISFACTORY	I	Pass	No
01/02/2007	200104273	PR	PR	SATISFACTORY	I	Pass	No
11/21/2006	200105813	CO	PR	SATISFACTORY	I	Pass	No
11/20/2006	200107427	CO	PR	SATISFACTORY	I	Pass	No
11/14/2006	200103573	CO	WO	SATISFACTORY	I	Pass	No
10/01/2006	200103229	PR	WO	SATISFACTORY		Pass	No
09/26/2006	200103182	CO	WO	SATISFACTORY		Pass	No
08/24/2006	200101934	PR	WO	SATISFACTORY		Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
283775	WELL	PR	05/17/2006	OW	045-11993	CIRCLE B LAND 23B-35-692	PR	✗
283989	WELL	PR	09/09/2006	GW	045-12059	CIRCLE B LAND 13C-35-692	PR	✗
283990	WELL	PR	06/23/2006	GW	045-12064	CIRCLE B LAND 13A-35-692	PR	✗
283992	WELL	PR	06/23/2006	GW	045-12063	CIRCLE B LAND 23D-35-692	PR	✗
284741	WELL	PR	06/23/2006	GW	045-12259	CIRCLE B LAND 22A-35-692	PR	✗

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**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
Horizontal Heated Separator	5	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Chemical unit at wellhead		
Plunger Lift	5	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			

Venting:

Yes/No	Comment
YES	Bradenhead valves open

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 283989

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: 283775 Type: WELL API Number: 045-11993 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 283989 Type: WELL API Number: 045-12059 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Inspector Name: Murray, Richard

Facility ID: 283990 Type: WELL API Number: 045-12064 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 283992 Type: WELL API Number: 045-12063 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 284741 Type: WELL API Number: 045-12259 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:

Complaint:

Tracking Num	Category	Assigned To	Description	Incident Date
200104035	ODOR	Graham, Dave	KAREN STATED THAT WHEN HER DAUGHTER GOT HOME AROUND 10:15PM ON 2/8/07, SHE COULD SMELL A BAD ODOR. SHE COULD STILL SMELL THE FUMES THAT WERE ASSOCIATED WITH THE WIND DIRECTION FROM THE SOUTHEAST. I TOLD HER I WOULD GET BACK TO HER WITH RESULTS OF THE INSPECTION. I TOLD HER THAT I THOUGHT IT MIGHT BE FROM THE W/O RIG ON THE CIRCLE B #3, AND I THOUGHT THEY WERE JUST ABOUT DONE WASHING SAND FROM THE WELL.	02/08/2007

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:	
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CA	CA Date

Waste Material Onsite?	Pass	CM
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CA	CA Date
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Unused or unneeded equipment onsite? In CM Poly pipe

CA	CA Date
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Pit, cellars, rat holes and other bores closed?	Pass	CM
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CA	CA Date
----	---------

Guy line anchors removed? CM

CA	CA Date
----	---------

Guy line anchors marked? Pass CM

CA	CA Date
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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?
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Segregated soils have been replaced?

Cropland

Top soil replaced Recontoured Perennial forage re-established

Non-Cropland

Top soil replaced Recontoured 80% Revegetation

1003 f. Weeds Noxious weeds?

Comment:

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
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Compaction alleviation Dust and erosion control

Non cropland: Revegetated 80% Cropland: perennial forage

Weeds present Subsidence

Inspector Name: Murray, Richard

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

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT