

**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:
04/21/2015Document Number:
666800899Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	412752	413900	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
Axelson, Aaron	970-230-0926	aaxelson@vnrlc.com	Sr. Production Foreman

Compliance Summary:QtrQtr: NWSW Sec: 21 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)
02/12/2015	666800648	PR	PR	ACTION REQUIRED			No
11/20/2010	200285488	PR	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	
412750	WELL	PR	08/24/2010	GW	045-18585	CBS 24B-21-692	PR	<input checked="" type="checkbox"/>
412751	WELL	PR	08/25/2010	GW	045-18584	CBS 24D-21-692	PR	<input checked="" type="checkbox"/>
412752	WELL	PR	08/24/2010	GW	045-18583	CBS 14B-21-692	PR	<input checked="" type="checkbox"/>
412754	WELL	PR	09/01/2010	GW	045-18582	CBS 14D-21-692	PR	<input checked="" type="checkbox"/>
412755	WELL	PR	08/30/2010	GW	045-18581	CBS 13A-21-692	PR	<input checked="" type="checkbox"/>
412756	WELL	PR	09/28/2010	GW	045-18580	CBS 13B-21-692	PR	<input checked="" type="checkbox"/>
412757	WELL	PR	09/28/2010	GW	045-18579	CBS 13C-21-692	PR	<input checked="" type="checkbox"/>
412758	WELL	PR	08/16/2010	GW	045-18578	SPECIALTY 13D-21-692	PR	<input checked="" type="checkbox"/>
412759	WELL	PR	08/30/2010	GW	045-18577	CBS 23A-21-692	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

412760	WELL	PR	09/28/2010	GW	045-18576	CBS 23B-21-692	PR	<input checked="" type="checkbox"/>
412761	WELL	PR	10/12/2010	GW	045-18575	CBS 23C-21-692	PR	<input checked="" type="checkbox"/>
412762	WELL	PR	08/16/2010	GW	045-18574	SPECIALTY 23D-21-692	PR	<input checked="" type="checkbox"/>
425497	PIT	AC	09/23/2011		-	CB TRACT 10	AC	<input 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

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
Gas Meter Run	12	SATISFACTORY			
Horizontal Heated Separator	12	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			
Plunger Lift	12	SATISFACTORY			

Venting:

Yes/No	Comment
YES	Bradenhead valves open

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 412752

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: 412750 Type: WELL API Number: 045-18585 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 412751 Type: WELL API Number: 045-18584 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 412752 Type: WELL API Number: 045-18583 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: <u>412754</u>	Type: <u>WELL</u>	API Number: <u>045-18582</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

Facility ID: <u>412755</u>	Type: <u>WELL</u>	API Number: <u>045-18581</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

Facility ID: <u>412756</u>	Type: <u>WELL</u>	API Number: <u>045-18580</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

Facility ID: <u>412757</u>	Type: <u>WELL</u>	API Number: <u>045-18579</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

Facility ID: <u>412758</u>	Type: <u>WELL</u>	API Number: <u>045-18578</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

Facility ID: <u>412759</u>	Type: <u>WELL</u>	API Number: <u>045-18577</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

Facility ID: <u>412760</u>	Type: <u>WELL</u>	API Number: <u>045-18576</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

Facility ID: <u>412761</u>	Type: <u>WELL</u>	API Number: <u>045-18575</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

Facility ID: <u>412762</u>	Type: <u>WELL</u>	API Number: <u>045-18574</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

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:

Lat _____ Long _____

Inspector Name: Murray, Richard

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

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 _____

Inspector Name: Murray, Richard

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					
		Culverts	Pass			
Slope Roughening	Pass					
		Ditches	Pass			
Seeding	Pass					
		Check Dams	Pass			
Berms	Pass					

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	425497	1642064	
	425497	1642064	