

**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:
04/22/2015Document Number:
668402869Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	223380	313024	BROWNING, CHUCK	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10318Name of Operator: VAQUERO ENERGY INCAddress: 4700 STOCKDALE HWY #120City: BAKERSFIELD State: CA Zip: 93309

- ☐ 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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Dobi, Chuck		cdobi@vaqueroenergy.com	

Compliance Summary:QtrQtr: NWSE Sec: 35 Twp: 9N Range: 91W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/18/2014	668402400	IJ	UN	SATISFACTORY	P		No
05/07/2013	669300553	IJ	AC	SATISFACTORY	I		No
06/27/2012	662300623	IJ	SI	SATISFACTORY	I		No
08/09/2011	200319079	RT	SI	SATISFACTORY			No
08/23/2010	200268975	RT	AC	SATISFACTORY	I		No
08/20/2009	200217456	RT	AC	SATISFACTORY			No
12/11/2008	200200046	RT	AC	SATISFACTORY			No
09/07/2006	200095829	MI	AC	SATISFACTORY		Pass	No
04/20/2006	200089389	RT	AC	SATISFACTORY		Pass	No
08/22/2005	200075618	RT	AC	SATISFACTORY		Pass	No
08/02/2004	200057480	RT	AC	SATISFACTORY		Pass	No
08/07/2003	200042209	MI	AC	SATISFACTORY		Pass	No
09/17/2002	200030507	RT	AC	SATISFACTORY		Pass	No
07/15/1997	500154706	PR	AC				
06/23/1997	500154705	CO	AC			Fail	Yes
03/13/1997	500154704	CO	AC			Fail	
06/25/1996	500154703	RT	SI				
04/14/1994	500154702						Yes

Inspector Comment:UIC - Routine inspection

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
112288	PIT	CL	12/14/2011		-	BLUE GRAVEL 1-35	CL	<input type="checkbox"/>
150334	UIC DISPOSAL	AC	10/13/1992		-	FEDERAL 1-35	AC	<input type="checkbox"/>
223380	WELL	IJ	01/08/2015	DSPW	081-06744	Federal 1-35 06744	AC	<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
Main	SATISFACTORY			
Access	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	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?**Venting:**

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 223380

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: 223380 Type: WELL API Number: 081-06744 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: LWIS

TC: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ Last MIT: 08/31/2011

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: **UIC - Routine inspection. No active injection at time of inspection.
 No monthly production/injection report since 10/2014.
 UIC Disposal Facility #150334 located ~.75 mi E. of well.**

Method of Injection: PUMP FEED _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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 _____

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

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?	Pass	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?		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?			
			Pass
Production areas have been stabilized?	Pass	Segregated soils have been replaced?	

RESTORATION AND REVEGETATION

Cropland

Top soil replaced	Recontoured	Perennial forage re-established
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Non-Cropland

Top soil replaced	Recontoured	80% Revegetation
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1003 f. Weeds Noxious weeds?

P

Comment:

Overall Interim Reclamation Pass

Date Final Reclamation Started: _____	Date Final Reclamation Completed: _____
Final Land Use: _____	
Reminder: _____	
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Well plugged _____	Pit mouse/rat holes, cellars backfilled _____
Debris removed _____	No disturbance /Location never built _____
Access Roads _____	Regraded _____
Gravel removed _____	Contoured _____
Location and associated production facilities reclaimed _____	Culverts removed _____
Compaction alleviation _____	Locations, facilities, roads, recontoured _____
Dust and erosion control _____	
Non cropland: Revegetated 80% _____	Cropland: perennial forage _____
Weeds present _____	Subsidence _____
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Corrective Action: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date _____
Overall Final Reclamation _____	Well Release on Active Location <input type="checkbox"/>
	Multi-Well Location <input type="checkbox"/>

Inspector Name: BROWNING, CHUCK

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT