

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:
06/25/2015

Document Number:
668501603

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	212992	324827	Welsh, Brian	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	8005
Name of Operator:	BERRY ENERGY INC*WALTER
Address:	1717 WASHINGTON AVE
City:	GOLDEN
State:	CO
Zip:	80401-

- 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
Whiting, Jim	(719) 688-0064/ (505) 215-2474	jimwhiting_99@yahoo.com	All Inspections
Quint, Craig		craig.quint@state.co.us	
Dennis, Penny	303-279- 0190/66190	berryenergy@comcast.net	

Compliance Summary:

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/24/2014	668603227	IJ	AC	ACTION REQUIRED			No
05/15/2014	668602671	IJ	AC	ACTION REQUIRED	P		No
05/07/2014	668602624	IJ	AC	ACTION REQUIRED			No
04/30/2014	668602586	IJ	AC	ACTION REQUIRED			No
05/07/2013	668600743	IJ	SI	SATISFACTORY			No
06/21/2011	200313355	SR	PA	ACTION REQUIRED			Yes
06/21/2011	200313354	RT	AC	SATISFACTORY			No
04/12/2010	200242422	RT	AC	SATISFACTORY			No
03/11/2009	200206062	MI	AC	SATISFACTORY			No
04/30/2008	200189093	RT	AC	ACTION REQUIRED			Yes
04/14/2008	200130314	RT	AC	ACTION REQUIRED			Yes
01/04/2008	200125067	RT	AC	ACTION REQUIRED			Yes
04/12/2007	200109023	RT	AC	ACTION REQUIRED		Fail	Yes
08/08/2006	200094767	RT	AC	SATISFACTORY		Pass	No
07/15/2005	200078453	RT	SI	SATISFACTORY		Pass	No
05/03/2004	200054680	MT	SI	SATISFACTORY		Pass	No
11/08/2000	200012796	ID	SI	SATISFACTORY	I	Pass	No
01/12/1999	500145065	ID	TA			Fail	Yes

Inspector Name: Welsh, Brian

08/22/1997	500145064	ID	TA			Fail	Yes
10/22/1996	500145063	ID	TA			Pass	No
08/16/1996	500145062	MT	TA			Pass	No
08/15/1996	500145061	MT	TA			Pass	No
02/02/1996	500145060	ID	SI			Pass	Yes
11/16/1994	500145059		SI				Yes

Inspector Comment:

MAINTAIN WEEDS AROUND WELLHEAD AND AT TANK BATTERY. REMOVE BLOW DIRT FROM AROUND CASING VALVES

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
115387	PIT		09/23/1999		-	HELFRICH 2	
212992	WELL	IJ	11/09/2007	ERIW	061-06353	HELFRICH 1	IJ

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
Access	SATISFACTORY	DIRT TRAIL THROUGH PASTURE		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY	LEASE SIGN AT TANK BATTERY		
WELLHEAD	SATISFACTORY	LEASE SIGN AT WELLHEAD LAYING ON THE GROUND	REINSTALL LEASE SIGN AT WELLHEAD	
TANK LABELS/PLACARDS	SATISFACTORY	STICKERS ON TANKS		

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	SATISFACTORY	UNUSED EQUIPMENT REMOVED FROM AROUND WELLHEAD		
DEBRIS	SATISFACTORY	TIMBER REMOVED FROM AROUND WELLHEAD		
OTHER	SATISFACTORY	BLOW DIRT AROUND CASING VALVES	REMOVE DIRT FROM AROUND CASING VALVES	
WEEDS	SATISFACTORY	WEEDS IN FENCE AROUND WELLHEAD AND TANK BATTERY	MAINTAIN WEEDS AROUND WELLHEAD AND TANKS	

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	METAL PANELS AROUND WELLHEAD		
TANK BATTERY	SATISFACTORY	WIRE FENCE AROUND TANKS AND PUMP SHED		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	7	SATISFACTORY	ELECTRIC PANEL, CATHODIC RECTIFIER BY WELLHEAD, TRIPLEX PUMP, TRANSFER PUMP, FILTER POT AND ELECTRIC PANEL IN METAL SHED, REA POLE W/ROTO PHASE BY TANK BATTERY 2200' S		

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	FIBERGLASS AST	38.421670,-103.017100
S/A/V:	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:
Paint				
Condition				

Inspector Name: Welsh, Brian

Other (Content) _____
 Other (Capacity) _____
 Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
Comment			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	Open Top	38.421670,-103.017100

S/A/V: SATISFACTORY Comment: **FIBERGLASS OPEN TOP WATER TANK W/ADEQUATE WILDLIFE NETTING**

Corrective Action:		Corrective Date:	
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Paint

Condition	
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Other (Content) _____
 Other (Capacity) 110BBL
 Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Comment **SHARED BERMS**

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 212992

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AV: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AV: SATISFACTORY **Comment:** NO COA'S

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: 212992 Type: WELL API Number: 061-06353 Status: IJ Insp. Status: IJ

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 PSIG
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____

MPP _____

Inj Zone: MRRW

TC: Pressure or inches of Hg 0 PSIG

Previous Test Pressure _____

Last MIT: 05/15/2014

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____

AnnMTRReq: NO

Comment: **CASING WAS DEAD, TBG WAS DEAD**

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:

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

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? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____
 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? _____
 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
Compaction	Pass	Compaction	Pass			

Inspector Name: Welsh, Brian

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
MAINTAIN WEEDS AROUND WELLHEAD AND AT TANK BATTERY. REMOVE BLOW DIRT FROM AROUND CASING VALVES	welshb	06/25/2015