

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:
10/22/2015

Document Number:
666801555

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>412778</u>	<u>413567</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</u> State: <u>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
Axelson, Aaron	970-230-0926	aaxelson@vnrlc.com	Sr. Production Foreman
Ghan, Scott		sghan@vnrlc.com	Sr. EH&S

Compliance Summary:

QtrQtr: NENE Sec: 23 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)
02/25/2014	670201273			SATISFACTORY			No
03/19/2013	670200274	PR	PR	ACTION REQUIRED			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
412774	WELL	PR	06/24/2010	GW	045-18595	THARP 41D-23-692	PR	<input checked="" type="checkbox"/>
412775	WELL	PR	07/13/2010	GW	045-18596	THARP 44C-14-692	PR	<input checked="" type="checkbox"/>
412776	WELL	PR	06/14/2010	GW	045-18597	THARP 44B-14-692	PR	<input checked="" type="checkbox"/>
412777	WELL	PR	07/26/2010	GW	045-18598	THARP 44A-14-692	PR	<input checked="" type="checkbox"/>
412778	WELL	PR	07/13/2010	GW	045-18599	THARP 44D-14-692	PR	<input checked="" type="checkbox"/>
412779	WELL	PR	06/14/2010	GW	045-18600	THARP 11A-24-692	PR	<input checked="" type="checkbox"/>
412780	WELL	PR	06/01/2010	GW	045-18601	THARP 11B-24-692	PR	<input checked="" type="checkbox"/>
412781	WELL	PR	06/01/2010	GW	045-18602	THARP 11C-24-692	PR	<input checked="" type="checkbox"/>
412782	WELL	PR	06/01/2010	GW	045-18603	THARP 11D-24-692	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

412783	WELL	PR	07/26/2010	GW	045-18604	THARP 14A-13-692	PR	✗
412784	WELL	PR	07/26/2010	GW	045-18605	THARP 14B-13-692	PR	✗
412785	WELL	PR	07/26/2010	GW	045-18606	THARP 14C-13-692	PR	✗
412786	WELL	PR	07/13/2010	GW	045-18607	THARP 14D-13-692	PR	✗
412787	WELL	PR	06/14/2010	GW	045-18608	THARP 41A-23-692	PR	✗
412788	WELL	PR	06/14/2010	GW	045-18609	THARP 41B-23-692	PR	✗
412789	WELL	PR	06/24/2010	GW	045-18610	THARP 41C-23-692	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	AIRS ID 045-2024-001		

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

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

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Emission Control Device	1	SATISFACTORY			
Ancillary equipment	4	SATISFACTORY			
Plunger Lift	16	SATISFACTORY			
Horizontal Heated Separator	16	SATISFACTORY			

Venting:	
Yes/No	Comment
YES	Bradenhead valves open

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

Predrill

Location ID: 412778

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: 412774 Type: WELL API Number: 045-18595 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 412775 Type: WELL API Number: 045-18596 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 412776	Type: WELL	API Number: 045-18597	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 412777	Type: WELL	API Number: 045-18598	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 412778	Type: WELL	API Number: 045-18599	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 412779	Type: WELL	API Number: 045-18600	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 412780	Type: WELL	API Number: 045-18601	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 412781	Type: WELL	API Number: 045-18602	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 412782	Type: WELL	API Number: 045-18603	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 412783	Type: WELL	API Number: 045-18604	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 412784	Type: WELL	API Number: 045-18605	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 412785	Type: WELL	API Number: 045-18606	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 412786	Type: WELL	API Number: 045-18607	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 412787	Type: WELL	API Number: 045-18608	Status: PR	Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 412788 Type: WELL API Number: 045-18609 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 412789 Type: WELL API Number: 045-18610 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:

Lat Long

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? _____ 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
		Check Dams	Pass			
		Culverts	Pass			
Seeding	Pass					
		Gravel	Pass			

Inspector Name: Murray, Richard

Berms	Pass				
Gravel	Pass				
		Ditches	Pass		

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT