

**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

Inspection Date:
11/09/2015Document Number:
666801594Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 262320 | 335264 | 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 |
|----------------|--------------|--------------------|------------------------|
| Axelson, Aaron | 970-230-0926 | aaxelson@vnrlc.com | Sr. Production Foreman |
| Ghan, Scott | | sghan@vnrlc.com | Sr. EH&S |

Compliance Summary:QtrQtr: SENW Sec: 30 Twp: 6S Range: 91W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 12/16/2014 | 666800429 | PR | PR | SATISFACTORY | | | No |
| 09/30/2013 | 670200914 | PR | PR | SATISFACTORY | P | | No |
| 02/19/2013 | 670200226 | | | ACTION REQUIRED | | | No |
| 06/13/2007 | 200112941 | CO | PR | SATISFACTORY | I | Pass | No |
| 02/13/2006 | 200087313 | PR | PR | SATISFACTORY | I | Pass | No |
| 02/13/2006 | 200087493 | PR | PR | SATISFACTORY | I | Pass | No |
| 12/30/2004 | 200066694 | PR | PR | SATISFACTORY | | Pass | No |
| 11/12/2002 | 200035087 | PR | PR | SATISFACTORY | | Fail | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-------------------------|-------------|-------------------------------------|
| 211289 | WELL | PR | 04/22/1996 | GW | 045-07048 | GIBSON GULCH UNIT 6 -30 | SI | <input checked="" type="checkbox"/> |
| 262319 | WELL | PR | 11/02/2002 | GW | 045-08014 | GIBSON GULCH UNIT 7 -30 | PR | <input checked="" type="checkbox"/> |
| 262320 | WELL | PR | 08/06/2002 | GW | 045-08015 | GIBSON GULCH UNIT 5 -30 | PR | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

Inspector Name: Murray, Richard

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 |
|----------------------|------------------------------|---------|-------------------|---------|
| TANK LABELS/PLACARDS | SATISFACTORY | | | |
| BATTERY | SATISFACTORY | | | |

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

Equipment:

| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-----------------------------|---|------------------------------|---------|-------------------|---------|
| Gas Meter Run | 3 | SATISFACTORY | | | |
| Plunger Lift | 3 | SATISFACTORY | | | |
| Horizontal Heated Separator | 3 | SATISFACTORY | | | |

Venting:

| Yes/No | Comment |
|--------|------------------------|
| YES | Bradenhead valves open |

Flaring:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Predrill

Location ID: 262320

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: 211289 Type: WELL API Number: 045-07048 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: Last production number posted 04/2015

Facility ID: 262319 Type: WELL API Number: 045-08014 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Inspector Name: Murray, Richard

Facility ID: 262320 Type: WELL API Number: 045-08015 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:

Emission Control Burner (ECB): N

Comment:

Pilot: 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 Date
Waste Material Onsite? Pass CM CA Date
Unused or unneeded equipment onsite? Pass CM CA Date
Pit, cellars, rat holes and other bores closed? Pass CM CA Date
Guy line anchors removed? CM CA Date
Guy line anchors marked? Pass CM CA Date

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

1003c. Compacted areas have been cross ripped?

Inspector Name: Murray, Richard

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | Ditches | Pass | | | |
| | | Gravel | Pass | | | |
| Gravel | Pass | | | | | |
| | | Culverts | Pass | | | |

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

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

