

FORM
INSPRev
05/11State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

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Inspection Date:
11/30/2015Document Number:
666801680Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	277915	335083	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		sgghan@vnrlc.com	Sr. EH&S

Compliance Summary:

QtrQtr: NWNE Sec: 20 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)
01/24/2012	661400045	PR	PR	ACTION REQUIRED			No
05/25/2011	200311588	PR	PR	SATISFACTORY			No
01/27/2011	200294349	PR	PR	SATISFACTORY			No
12/12/2010	200291147	PR	PR	SATISFACTORY			No
11/17/2006	200105456	PR	PR	SATISFACTORY		Pass	No

Inspector Comment:

Shared tank battery with facilities #418614

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
277912	WELL	SI	03/19/2015	GW	045-10809	GUCCINI 41D-20-692	SI	<input checked="" type="checkbox"/>
277913	WELL	PR	06/07/2006	GW	045-10810	GUCCINI 41B-20-692	PR	<input checked="" type="checkbox"/>
277914	WELL	PR	06/07/2006	GW	045-10811	GUCCINI 31D-20-692	PR	<input checked="" type="checkbox"/>
277915	WELL	PR	06/05/2006	GW	045-10812	GUCCINI 31B-20-692	PR	<input checked="" type="checkbox"/>
290198	WELL	PR	04/17/2012	GW	045-14053	GUCCINI 31A-20-692	PR	<input checked="" type="checkbox"/>
290200	WELL	PR	04/17/2012	GW	045-14052	GUCCINI 41C-20-692	PR	<input checked="" type="checkbox"/>
290202	WELL	PR	09/05/2007	GW	045-14051	GUCCINI 31C-20-692	PR	<input checked="" type="checkbox"/>

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290203	WELL	PR	09/05/2007	GW	045-14050	GUCCINI 41A-20-692	PR	<input checked="" type="checkbox"/>
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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			

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
Ancillary equipment	3	SATISFACTORY	Chemical units at wellhead		
Horizontal Heated Separator	8	SATISFACTORY			
Vertical Heated Separator	8	SATISFACTORY			

Venting:

Yes/No	Comment
YES	Bradenhead valves open

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 277915

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: 277912 Type: WELL API Number: 045-10809 Status: SI Insp. Status: SI

Producing Well

Comment: Plunger lift

Facility ID: 277913 Type: WELL API Number: 045-10810 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 277914 Type: WELL API Number: 045-10811 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

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Facility ID: 277915 Type: WELL API Number: 045-10812 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 290198 Type: WELL API Number: 045-14053 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 290200 Type: WELL API Number: 045-14052 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 290202 Type: WELL API Number: 045-14051 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 290203 Type: WELL API Number: 045-14050 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:

Inspector Name: Murray, Richard

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: _____

Inspector Name: Murray, Richard

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
Berms	Pass					
Compaction	Pass					
		Gravel	Pass			
		Ditches	Pass			
		Seeding	Pass			
Ditches	Pass					
		Culverts	Pass			
		Rip Rap	Pass			

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

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT