

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



Inspection Date:
01/28/2016
Document Number:
673503106
Overall Inspection:
ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>227813</u>	<u>314184</u>	<u>COSTA, RYAN</u>	<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
Bidle, Holly	(303) 279-0190/ (713) 898-2637	berryenergyhreed@comcast.net	Regulatory manager
Cruson, Michael	(303) 279-0190	mcruson@berryenergyinc.com	All Inspections
Ramos, Martha		martha.ramos@state.co.us	
Dennis, Penny	303-279-0190/66190	berryenergy@comcast.net	

Compliance Summary:

QtrQtr: NENE Sec: 5 Twp: 25S Range: 45W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/24/2013	668600971	PA	PA	ACTION REQUIRED		I	No
02/13/2012	663900566	PA	PA	ALLEGED VIOLATION		Fail	Yes
12/28/2010	200290317	SR	PA	ACTION REQUIRED			Yes
03/15/2010	200235885	SR	PA	ACTION REQUIRED			Yes
10/10/2008	200196617	CA	TA	SATISFACTORY			No
10/10/2008	200197320	SR	PA	ACTION REQUIRED	F	Fail	No
10/08/2008	200196587	ID	SI	ACTION REQUIRED			Yes
10/06/2008	200196586	ID	SI	ACTION REQUIRED			Yes
09/29/2008	200196020	ID	TA	ACTION REQUIRED			Yes
09/25/2008	200196018	ID	TA	ACTION REQUIRED			Yes
08/13/1999	500156344	ID	SI			Pass	No
04/23/1997	500156348	PR	PR			Fail	Yes
04/12/1995	500156347	PR	PR			Pass	Yes

Inspector Comment:

Reclamation Inspection

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
116925	PIT		09/23/1999		-	HOFFMAN 1-5	<input type="checkbox"/>
227813	WELL	PA	07/08/2009	GW	099-06139	HOFFMAN 1-5	RI <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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Emergency Contact Number (S/AR): _____ Corrective Date: _____
 Comment: _____
 Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date

Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Equipment:

Type: _____	# _____	Satisfactory/Action Required: _____
Comment _____		
Corrective Action _____	Date: _____	

Venting:

Yes/No _____
Comment _____

Flaring:

Type		Satisfactory/Action Required
Comment:		
Corrective Action:		Correct Action Date:

Predrill

Location ID: 227813

Site Preparation:
 Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____
S/AR: _____
 Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AR: _____ **Comment:**

CA: **Date:** _____

Wildlife BMPs:

S/AR: _____ **Comment:**

CA: **Date:** _____

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: 227813 Type: WELL API Number: 099-06139 Status: PA Insp. Status: RI

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 _____
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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. Waste and Debris removed? _____

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____

CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____

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 _____

Inspector Name: COSTA, RYAN

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 Pass

Debris removed _____

No disturbance /Location never built _____

Access Roads _____

Regraded _____

Contoured _____

Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed Fail

Locations, facilities, roads, recontoured _____

Compaction alleviation _____

Dust and erosion control Fail

Non cropland: Revegetated 80% Fail

Cropland: perennial forage _____

Weeds present _____

Subsidence Pass

Comment: _____

Noticed two Pipe risers that have not been removed and the location does not have adequate vegetation cover. SEE ATTACHED PHOTOS

Corrective Action: _____

Remove pipe risers. Reclaim the disturbed areas at the location.

Date

04/30/2016

Overall Final Reclamation

Fail

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

S/A/V: _____

Corrective Date: _____

Comment: _____

CA: _____

Pits:



NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
It does not appear that the corrective actions from the previous inspection have been performed.	CostaR	02/05/2016
There is an erosion gully off of the northeast corner of the location approximately 3-4 ft. deep that extends out into the pasture. Further evaluation will be made to determine the circumstance of the erosion gully. This erosion should be controlled at the location to prevent any additional erosion from occurring.	CostaR	02/05/2016
Establish vegetation with total perennial non-invasive plant cover of at least eighty (80) percent of pre-disturbance or reference area levels. Use a seed mixture that matches the adjacent pastureland or a seed mixture requested by the landowner. Continue to monitor and manage this site until Final Reclamation has Passed.	CostaR	02/05/2016
Submit Form 4 when corrective actions are completed. Include photographs documenting completion of corrective actions required in this inspection.	CostaR	02/05/2016

Attached Documents

Inspector Name: COSTA, RYAN

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673503140	Inspection Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3777360