

**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:

03/02/2016

Document Number:

685300083

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                        |                          |             |
|---------------------|-------------|--------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name:        | On-Site Inspection       | 2A Doc Num: |
|                     | 280417      | 306939 | St John, William (Cal) | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 10000Name of Operator: BP AMERICA PRODUCTION COMPANYAddress: 380 AIRPORT RDCity: DURANGO State: CO Zip: 81303

- ☒ 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               |
|------------------|--------------|-----------------------------|-----------------------|
| Labowskie, Steve |              | steve.labowskie@state.co.us |                       |
| Beebe, Sabre     | 970-375-7530 | Sabre.Beebe@bp.com          | SW Inspection Reports |
| Inspections, All |              | SanJuanCOGCC@bp.com         | SW Inspection Reports |

**Compliance Summary:**QtrQtr: NENE Sec: 19 Twp: 35N Range: 7W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 08/19/2015 | 680600082 | PR         | PR          | <b>ACTION REQUIRED</b>        | F        |                | No              |
| 09/23/2014 | 674900139 | PR         | EI          | SATISFACTORY                  |          |                | No              |
| 07/22/2014 | 674900055 | PR         | PR          | SATISFACTORY                  | P        |                | No              |
| 03/06/2012 | 661700167 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 04/16/2009 | 200208716 | PR         | PR          | SATISFACTORY                  |          |                | No              |

**Inspector Comment:**

Location inspection that included follow-up inspection for 08/19/15 document number 680600082. Recommend aggressive weed treatment be implemented this spring to ensure weed control for location is maintained. See Stormwater section of report for additional inspector comments.

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name      | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|-------------------------------------|
| 280417      | WELL | PR     | 10/04/2005  | GW         | 067-09080 | WILBOURN FEDERAL 2 | PR          | <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 |
|--------|------------------------------|--|-------------------|------|
| Access | SATISFACTORY                 | A few muddy rutted spots will need to be graded and smoothed as weather permits. |                   |      |

**Signs/Marker:**

| Type                 | Satisfactory/Action Required | Comment       | Corrective Action | CA Date |
|----------------------|------------------------------|---------------|-------------------|---------|
| TANK LABELS/PLACARDS | SATISFACTORY                 |               |                   |         |
| WELLHEAD             | SATISFACTORY                 |               |                   |         |
| OTHER                | SATISFACTORY                 | Location Sign |                   |         |
| BATTERY              | SATISFACTORY                 |               |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY

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 |
|-----------|------------------------------|-------------------------------------|-------------------|---------|
| PUMP JACK | SATISFACTORY                 | Mesh                                |                   |         |
| SEPARATOR | SATISFACTORY                 | Contains produced water tank. Panel |                   |         |
| WELLHEAD  | SATISFACTORY                 | Panels with attached siding         |                   |         |

**Equipment:**

|                           |                                     |  |
|---------------------------|-------------------------------------|--|
| Type: Ancillary equipment | # 1                                 | Satisfactory/Action Required: SATISFACTORY |
| Comment                   | Lube tank on secondary containment. |  |
| Corrective Action         |                                     | Date:                                      |
| Type: Gas Meter Run       | # 1                                 | Satisfactory/Action Required: SATISFACTORY |
| Comment                   |                                     |  |
| Corrective Action         |                                     | Date:                                      |
| Type: Ancillary equipment | # 1                                 | Satisfactory/Action Required: SATISFACTORY |
| Comment                   | Electrical service equipment        |  |

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|                                 |     |  |
|---------------------------------|-----|--|
| Corrective Action               |     | Date:                                      |
| Type: Vertical Heated Separator | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment                         |     |  |
| Corrective Action               |     | Date:                                      |
| Type: Ancillary equipment       | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment Telemetry Equipment     |     |  |
| Corrective Action               |     | Date:                                      |
| Type: Ancillary equipment       | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment Wellhead                |     |  |
| Corrective Action               |     | Date:                                      |
| Type: Flow Line                 | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment                         |     |  |
| Corrective Action               |     | Date:                                      |
| Type: Bird Protectors           | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment                         |     |  |
| Corrective Action               |     | Date:                                      |
| Type: Pump Jack                 | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment                         |     |  |
| Corrective Action               |     | Date:                                      |

|                        |              |                                   |                     |             |
|------------------------|--------------|-----------------------------------|---------------------|-------------|
| <b>Facilities:</b>     |              | <input type="checkbox"/> New Tank | Tank ID: _____      |             |
| Contents               | #            | Capacity                          | Type                | SE GPS      |
| PRODUCED WATER         | 1            | <100 BBLS                         | PBV STEEL           | ,           |
| S/AR                   | SATISFACTORY |                                   | Comment:            |             |
| Corrective Action:     |              |                                   | Corrective Date:    |             |
| <u>Paint</u>           |              |                                   |                     |             |
| Condition              | Adequate     |                                   |                     |             |
| Other (Content) _____  |              |                                   |                     |             |
| Other (Capacity) _____ |              |                                   |                     |             |
| Other (Type) _____     |              |                                   |                     |             |
| <u>Berms</u>           |              |                                   |                     |             |
| Type                   | Capacity     | Permeability (Wall)               | Permeability (Base) | Maintenance |
| Metal                  | Adequate     | Walls Sufficent                   | Base Sufficient     | Adequate    |
| Corrective Action      |              |                                   | Corrective Date     |             |
| Comment                |              |                                   |                     |             |
| <u>Venting:</u>        |              |                                   |                     |             |
| Yes/No                 | NO           |                                   |                     |             |
| Comment                |              |                                   |                     |             |
| <u>Flaring:</u>        |              |                                   |                     |             |

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

**Predrill**

Location ID: 280417

**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: 280417 Type: WELL API Number: 067-09080 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Inspector Name: St John, William (Cal)

|   |  |                              |      |
|---|--|------------------------------|------|
| Comment: <input style="width:700px" type="text"/>         |  |                              |      |
| Corrective Action: _____                                  |  | Date: _____                  |      |
| Reportable: _____   | GPS: Lat _____                                     | Long _____                   |      |
| Proximity to Surface Water: _____                         |  | Depth to Ground Water: _____ |      |
| <b>Water Well:</b>  |  |                              |      |
|   |  | Lat                          | Long |
| DWR Receipt Num: _____                                    | Owner Name: _____                                  | GPS : _____                  |      |
| <b>Field Parameters:</b>                                  |  |                              |      |
| <input style="width:300px" type="text"/>                  |  |                              |      |
| Sample Location: <input style="width:400px" type="text"/> |  |                              |      |
| 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: <input style="width:700px" type="text"/>  |  |
| 1003a. Waste and Debris removed? <u>Pass</u>   |  |
| CM _____   |  |
| CA _____   | CA Date _____                                    |
| Unused or unneeded equipment onsite? <u>Pass</u>   |  |
| CM _____   |  |
| CA _____   | CA Date _____                                    |
| Pit, cellars, rat holes and other bores closed? <u>Pass</u>  |  |
| CM _____   |  |
| CA _____   | CA Date _____                                    |
| Guy line anchors marked? _____   |  |
| CM _____   |  |
| CA _____   | CA Date _____                                    |
| 1003b. Area no longer in use? <u>Pass</u>  | Production areas stabilized ? <u>Pass</u>        |
| 1003c. Compacted areas have been cross ripped? <u>Pass</u>   |  |
| 1003d. Drilling pit closed? <u>Pass</u> Subsidence over on drill pit? <u>Pass</u>  |  |
| Cuttings management: _____   |  |
| 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? <u>In</u> |  |
| Production areas have been stabilized? <u>Pass</u>   | Segregated soils have been replaced? <u>Pass</u> |

**RESTORATION AND REVEGETATION**

Cropland

|                         |                   |                                       |
|-------------------------|-------------------|---------------------------------------|
| Top soil replaced _____ | Recontoured _____ | Perennial forage re-established _____ |
|-------------------------|-------------------|---------------------------------------|

Inspector Name: St John, William (Cal)

Non-Cropland

Top soil replaced Pass

Recontoured Pass

80% Revegetation In

1003 f. Weeds Noxious weeds? I

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                |
|-------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|------------------------|
| Rip Rap           | Pass            |                         |                       |               |                          |                        |
| Gravel            | Pass            |                         |                       |               |                          |                        |
| Compaction        | Pass            |                         |                       |               |                          |                        |
| Waddles           | Pass            |                         |                       |               |                          |                        |
| Gradient Terraces | Pass            |                         |                       |               |                          |                        |
| Drains            | Pass            |                         |                       |               |                          |                        |
| Slope Roughening  | Pass            |                         |                       |               |                          |                        |
| Sediment Traps    | Pass            |                         |                       |               |                          |                        |
| Check Dams        | Pass            | Gravel                  | Pass                  |               |                          |                        |
| Other             | Pass            |                         |                       |               |                          | Planted trees on slope |
| Berms             | Pass            | Compaction              | Pass                  | MHSP          | Pass                     |                        |
| Blankets          | Pass            | Culverts                | Pass                  |               |                          |                        |

Inspector Name: St John, William (Cal)

S/A/V: SATISFACTOR

Corrective Date: \_\_\_\_\_

Y

Comment:

Rilling was repaired and installation of rip rap has improved drainage closing corrective action from previous inspection. Additional monitoring and maintenance is required to maintain cut slope and fill slope as snow melts and water drains down hillside. Straw waddles and check dams need to be cleaned to prevent failure of bmp.

CA:

Pits:



NO SURFACE INDICATION OF PIT