

**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:

673503205

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	213068	324841	COSTA, RYAN	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 8005Name of Operator: BERRY ENERGY INC*WALTERAddress: 1717 WASHINGTON AVECity: 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
Dennis, Penny	303-279-0190/66190	berryenergy@comcast.net	
Cruson, Michael	(303) 279-0190	mcruson@berryenergyinc.com	All Inspections
Whiting, Jim	(719) 688-0064/ (505) 215-2474	jimwhiting_99@yahoo.com	All Inspections
Bidle, Holly	(303) 279-0190/ (713) 898-2637	berryenergyhreed@comcast.net	Regulatory manager

Compliance Summary:QtrQtr: NWSW Sec: 10 Twp: 19S Range: 50W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/18/2015	673502135	PA	PA	ACTION REQUIRED		Fail	No
12/09/2011	664000194	PA	PA	ACTION REQUIRED		Fail	No
06/21/2011	200313051	SR	PA	ACTION REQUIRED			Yes
12/28/2010	200290397	SR	PA	ACTION REQUIRED	F	Fail	Yes
09/16/2008	200195668	SR	PA	ACTION REQUIRED	F	Fail	Yes
01/04/2008	200125082	PR	SI	ACTION REQUIRED			Yes
07/05/2007	200114229	PR	SI	ACTION REQUIRED		Fail	Yes
11/08/2000	200012801	PR	PR	SATISFACTORY	I	Pass	No
01/12/1999	500145219	PR	PR			Pass	No
08/23/1997	500145224	ID	SI			Fail	Yes
10/22/1996	500145223	PR	PR			Fail	Yes
02/02/1996	500145218	PR	PR			Pass	Yes
11/16/1994	500145217		PR				

Inspector Comment:**Reclamation Inspection. This is a follow up inspection of the previous inspection doc#673502135.****Related Facilities:**

Inspector Name: COSTA, RYAN

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
213068	WELL	PA	09/10/2008	GW	061-06429	FRAZEE G 1	RI	<input checked="" type="checkbox"/>
298093	PIT		09/03/2008		-	FRAZEE G-1		<input 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: _____

LocationLease 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: 213068

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: 213068 Type: WELL API Number: 061-06429 Status: PA Insp. Status: RI

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Inspector Name: COSTA, RYAN

Corrective Action: _____		Date: _____	
Reportable: _____	GPS: Lat _____	Long _____	
Proximity to Surface Water: _____		Depth to Ground Water: _____	
Water Well:			
DWR Receipt Num: _____		Owner Name: _____	GPS : _____
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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	
<u>Cropland</u>	
Top soil replaced _____	Recontoured _____ Perennial forage re-established _____
<u>Non-Cropland</u>	

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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 Pass

Debris removed _____

No disturbance /Location never built _____

Access Roads Regraded _____

Contoured _____

Culverts removed _____

Gravel removed Pass

Location and associated production facilities reclaimed Fail

Locations, facilities, roads, recontoured _____

Compaction alleviation _____

Dust and erosion control Fail

Non cropland: Revegetated 80% _____

Cropland: perennial forage Fail

Weeds present _____

Subsidence Fail

Comment: Site located in a cultivated field. The location does not have crop growth on approx. 350'x100' area. Evidence of possible erosion through center of the location and an area with slight subsidence. Remnants of debris remain. SEE ATTACHED PHOTOS

Corrective Action: Reclaim area where crop will not grow. This may require soil sampling and adding soilamendments per the sampling results. Prepare the location before the next planting seasonper landowner ag activity. Remove any debris that may remain.

Date **07/31/2015**

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

Permit:	Facility ID	Permit Num	Expiration Date
	298093	200194591	
	298093	200194591	

COGCC Comments

Comment	User	Date
Submit Form 4 when corrective actions are completed. Include photographs of the vegetation in four cardinal directions as well as one close up of the plant community and/or documenting completion of corrective actions required in this inspection.	CostaR	03/09/2016
There is an unmarked pipe riser found approximately 700 ft. east of the location at Lat/Long:38.41642,-103.00220.	CostaR	03/09/2016

Inspector Name: COSTA, RYAN

A uniform crop cover will need to be re-establish to pass Final Reclamation. Perform a soil analysis at the affected location to determine soil characteristics. Decompact and add soil amendments based off of soil analysis. Continue to monitor and manage this site until Final Reclamation has Passed.	CostaR	03/09/2016	
There is no indication that the corrective actions from the previous inspection doc#673502135 have been performed. The corrective action date of the previous inspection remains. The corrective actions need to be performed to bring the location into compliance.	CostaR	03/09/2016	

Attached Documents

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

Document Num	Description	URL
673503206	Inspection Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3802565