

**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:

05/16/2016

Document Number:

666802153

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	297757	335379	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: NWSW 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)
01/27/2011	200293715	PR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
263512	WELL	PR	04/05/2005	GW	045-08133	BRYNILDSON 13C-20-692	PR	<input checked="" type="checkbox"/>
276580	WELL	PR	03/13/2009	GW	045-10488	BRYNILDSON 13B-20-692	PR	<input checked="" type="checkbox"/>
276581	WELL	PR	05/31/2005	GW	045-10487	BRYNILDSON 12A-20-692	PR	<input checked="" type="checkbox"/>
276741	WELL	PR	03/01/2009	GW	045-10513	BRYNILDSON 13D-20-692	PR	<input checked="" type="checkbox"/>
297757	WELL	PR	03/16/2009	GW	045-16952	BRYNILDSON 12C-20-692	PR	<input checked="" type="checkbox"/>
297758	WELL	PR	03/06/2009	GW	045-16953	BRYNILDSON 22A-20-692	PR	<input checked="" type="checkbox"/>
297759	WELL	PR	03/01/2009	GW	045-16954	BRYNILDSON 22B-20-692	PR	<input checked="" type="checkbox"/>
297760	WELL	PR	03/01/2009	GW	045-16955	BRYNILDSON 22C-20-692	PR	<input checked="" type="checkbox"/>
297761	WELL	PR	03/11/2009	GW	045-16956	BRYNILDSON 23B-20-692	PR	<input checked="" type="checkbox"/>
297762	WELL	PR	03/05/2009	GW	045-16957	BRYNILDSON 23C-20-692	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

297763	WELL	PR	02/25/2009	GW	045-16958	BRYNILDSON 23D-20-692	PR	<input checked="" type="checkbox"/>
297764	WELL	PR	03/10/2009	GW	045-16959	BRYNILDSON 12B-20-692	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 Motors: _____	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
BATTERY	SATISFACTORY	AIRS ID 045-0925-001		

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
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Equipment:

Type: Ancillary equipment	# 2	Satisfactory/Action Required: SATISFACTORY
Comment	Chemical units at wellhead	
Corrective Action		Date: _____
Type: Plunger Lift	# 12	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date: _____

Inspector Name: Murray, Richard

Type: Emission Control Device	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Horizontal Heated Separator	# 12	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	6	500 BBLS	STEEL AST	39.510961,-107.697073

S/AR	SATISFACTORY	Comment:
Corrective Action:	Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action	Corrective Date
Comment	

Venting:

Yes/No	YES
Comment	Bradenhead valves open

Flaring:

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

Predrill

Location ID: 297757

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: 263512 Type: WELL API Number: 045-08133 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 276580 Type: WELL API Number: 045-10488 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 276581 Type: WELL API Number: 045-10487 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 276741 Type: WELL API Number: 045-10513 Status: PR Insp. Status: PR

Inspector Name: Murray, Richard

Producing Well

Comment: **Plunger lift**

Facility ID: 297757 Type: WELL API Number: 045-16952 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 297758 Type: WELL API Number: 045-16953 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 297759 Type: WELL API Number: 045-16954 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 297760 Type: WELL API Number: 045-16955 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 297761 Type: WELL API Number: 045-16956 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 297762 Type: WELL API Number: 045-16957 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 297763 Type: WELL API Number: 045-16958 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 297764 Type: WELL API Number: 045-16959 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:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): Y _____

Comment: _____

Pilot: ON _____ Wildlife Protection Devices (fired vessels): YES _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Waste and Debris removed? 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 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 _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Inspector Name: Murray, Richard

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			
Ditches	Pass					
Berms	Pass					
Seeding						
		Culverts	Pass			
Sediment Traps	Pass					
Waddles	Pass					
Check Dams	Pass					
		Ditches	Pass			

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT