

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:
666802154
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>264260</u>	<u>335300</u>	<u>Murray, Richard</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>10531</u>
Name of Operator:	<u>VANGUARD OPERATING LLC</u>
Address:	<u>5847 SAN FELIPE #3000</u>
City:	<u>HOUSTON</u> State: <u>TX</u> Zip: <u>77057</u>

- 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: SWSW 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)
01/11/2012	663800066	PR	PR	SATISFACTORY			No
01/27/2011	200293731	PR	PR	SATISFACTORY			No
10/06/2005	200083900	CO	PR	SATISFACTORY		Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
264260	WELL	PR	03/11/2015	GW	045-08134	BRYNILDSON 14C - 20 - 692	PR	<input checked="" type="checkbox"/>
276111	WELL	PR	02/13/2012	GW	045-10428	BRYNILDSON 14B-20-692	PR	<input checked="" type="checkbox"/>
276112	WELL	PR	07/28/2009	GW	045-10427	BRYNILDSON 13A-20-692	PR	<input checked="" type="checkbox"/>
276113	WELL	PR	06/08/2009	GW	045-10426	BRYNILDSON 14D-20-692	PR	<input checked="" type="checkbox"/>
298340	WELL	PR	06/04/2009	GW	045-17144	BRYNILDSON 24C-20-692	PR	<input checked="" type="checkbox"/>
298341	WELL	PR	06/08/2009	GW	045-17145	BRYNILDSON 24B-20-692	PR	<input checked="" type="checkbox"/>
298342	WELL	PR	06/03/2009	GW	045-17146	BRYNILDSON 14A-20-692	PR	<input checked="" type="checkbox"/>
298343	WELL	PR	06/08/2009	GW	045-17147	BRYNILDSON 24A-20-692	PR	<input checked="" type="checkbox"/>

298344	WELL	PR	06/08/2009	GW	045-17148	BRYNILDSON 23A-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

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 045-0923-001		
CONTAINERS	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	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

Equipment:

Type: Plunger Lift	# 9	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date: _____	
Type: Horizontal Heated Separator	# 9	Satisfactory/Action Required: SATISFACTORY

Comment		
Corrective Action		Date:
Type: Emission Control Device	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Ancillary equipment	# 3	Satisfactory/Action Required: SATISFACTORY
Comment		Chemical units at wellhead
Corrective Action		Date:

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	6	500 BBLS	STEEL AST	39.506973,-107.698456
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 valve opens

Flaring:

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

Predrill

Location ID: 264260

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: 264260 Type: WELL API Number: 045-08134 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 276111 Type: WELL API Number: 045-10428 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 276112 Type: WELL API Number: 045-10427 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 276113 Type: WELL API Number: 045-10426 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 298340 Type: WELL API Number: 045-17144 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 298341 Type: WELL API Number: 045-17145 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 298342 Type: WELL API Number: 045-17146 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 298343 Type: WELL API Number: 045-17147 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 298344 Type: WELL API Number: 045-17148 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): 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:

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 _____

Inspector Name: Murray, Richard

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
Ditches	Pass					
		Ditches	Pass			
		Gravel	Pass			
Seeding						
		Culverts	Pass			
Berms	Pass					

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT