

**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:

05/20/2016

Document Number:

680400582

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	290234	335180	BROWNING, CHUCK	<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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Rants, John	970-319-0013	jrants@vnrlc.com	Production Foreman

Compliance Summary:

QtrQtr:	NWSW	Sec:	28	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)
04/21/2015	668402866	IJ	AC	SATISFACTORY			No
01/12/2015	668402633	IJ	SI	SATISFACTORY	I		No
05/14/2014	668402022	IJ	AC	SATISFACTORY	P		No
07/25/2013	670200699	IJ	AC	SATISFACTORY			No
10/19/2012	663800537	IJ	AC	SATISFACTORY	I		No
08/31/2012	663800485	IJ	AC	SATISFACTORY	I		No
07/22/2011	200316613	RT	AC	SATISFACTORY			No
08/13/2010	200266722	RT	AC	SATISFACTORY			No
08/12/2009	200217308	RT	SI	SATISFACTORY			No
12/10/2008	200200360	RT	AC	SATISFACTORY			No
11/30/2007	200122775	MI	SI	SATISFACTORY			No
11/18/2007	200208779	MI	PD	ACTION REQUIRED			Yes

Inspector Comment:Routine UIC inspection.**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159212	UIC DISPOSAL	AC	12/24/2007		-	SPECIALTY 13A-28 TRANSFER STATION 159212	AC
260918	WELL	PR	12/16/2002	GW	045-07922	PORTER FEDERAL 12-28	PR

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279622	WELL	PR	12/29/2005	GW	045-11061	SPECIALTY FEDERAL 14D-28-692	PR	<input checked="" type="checkbox"/>
279623	WELL	PR	12/09/2005	GW	045-11062	SPECIALTY FEDERAL 13C-28-692	PR	<input checked="" type="checkbox"/>
290234	WELL	IJ	04/17/2007	DSPW	045-14054	SPECIALTY 13A-28-692 SWD	AC	<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			
Main	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
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
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

Equipment:

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

Venting:

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Yes/No	NO
Comment	

Flaring:

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

Predrill

Location ID: 290234

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: 260918 Type: WELL API Number: 045-07922 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 279622 Type: WELL API Number: 045-11061 Status: PR Insp. Status: PR

Producing WellComment: **Plunger lift**

Facility ID: 279623 Type: WELL API Number: 045-11062 Status: PR Insp. Status: PR

Producing WellComment: **Plunger lift**

Facility ID: 290234 Type: WELL API Number: 045-14054 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 1700 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: CZ-CR

TC: Pressure or inches of Hg 1150 Previous Test Pressure _____ Last MIT: 01/12/2015

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTRReq: _____

Comment: **Routine UIC inspection. No active injection at time of inspection.**

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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): _____

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? PassCM CA CA Date Unused or unneeded equipment onsite? PassCM CA CA Date Pit, cellars, rat holes and other bores closed? PassCM CA CA Date Guy line anchors marked? PassCM CA CA Date 1003b. Area no longer in use? Production areas stabilized ? Pass1003c. 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? PassSegregated soils have been replaced? **RESTORATION AND REVEGETATION**CroplandTop soil replaced Recontoured Perennial forage re-established Non-CroplandTop soil replaced Recontoured 80% Revegetation 1003 f. Weeds Noxious weeds? PComment: 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

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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
Berms	Pass	Gravel	Pass	MHSP	Pass	

S/A/V: SATISFACTOR
Y

Corrective Date:

Comment:

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT