

**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:

06/28/2016

Document Number:

666802309

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 285838 | 334624 | 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 |
|-----------------|--------------|---------------------|------------------------|
| Ghan, Scott | | sgghan@vnrlc.com | Sr. EH&S |
| Axelsson, Aaron | 970-230-0926 | aaxelsson@vnrlc.com | Sr. Production Foreman |

Compliance Summary:QtrQtr: SESW Sec: 36 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 03/21/2008 | 200129160 | PR | PR | SATISFACTORY | | | No |
| 11/30/2007 | 200208798 | PR | PR | SATISFACTORY | | | No |
| 03/06/2007 | 200107968 | DG | WO | SATISFACTORY | I | Pass | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|-------------------------------------|
| 285834 | WELL | PR | 09/18/2007 | GW | 045-12562 | MILLER 14B-36-692 | PR | <input checked="" type="checkbox"/> |
| 285835 | WELL | PR | 03/03/2016 | GW | 045-12561 | MILLER 14D-36-692 | PR | <input checked="" type="checkbox"/> |
| 285836 | WELL | PR | 12/03/2008 | GW | 045-12560 | MILLER 13B-36-692 | PR | <input checked="" type="checkbox"/> |
| 285837 | WELL | PR | 08/31/2007 | GW | 045-12559 | MILLER 24D-36-692 | PR | <input checked="" type="checkbox"/> |
| 285838 | WELL | PR | 12/03/2008 | GW | 045-12558 | MILLER 24B-36-692 | PR | <input checked="" type="checkbox"/> |
| 285839 | WELL | PR | 08/31/2007 | GW | 045-12557 | MILLER 23B-36-692 | PR | <input checked="" type="checkbox"/> |
| 288532 | WELL | PR | 08/31/2007 | GW | 045-13289 | MILLER 13A-36-692 | PR | <input checked="" type="checkbox"/> |
| 288533 | WELL | PR | 12/03/2008 | GW | 045-13288 | MILLER 14C-36-692 | PR | <input checked="" type="checkbox"/> |

Inspector Name: Murray, Richard

| | | | | | | | | |
|--------|------|----|------------|----|-----------|-------------------|----|-------------------------------------|
| 288534 | WELL | PR | 08/31/2007 | GW | 045-13287 | MILLER 23A-36-692 | PR | <input checked="" type="checkbox"/> |
| 288550 | WELL | PR | 09/18/2007 | GW | 045-13295 | MILLER 14A-36-692 | PR | <input checked="" type="checkbox"/> |
| 288552 | WELL | PR | 08/31/2007 | GW | 045-13293 | MILLER 24C-36-692 | 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 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 045-1540-001 | | |

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 |
|------|------|--------|-------------------|---------|
| | | | | |

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

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Equipment:

| | | | |
|---------------------------|----------------------------|-------------------------------|--------------|
| Type: Plunger Lift | # 11 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: _____ |
| Type: Ancillary equipment | # 3 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | Chemical units at wellhead | | |

Inspector Name: Murray, Richard

| | | | |
|-----------------------------------|------|-------------------------------|--------------|
| Corrective Action | | Date: | |
| Type: Gas Meter Run | # 7 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | Date: | |
| Type: Emission Control Device | # 2 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | Date: | |
| Type: Vertical Separator | # 6 | Satisfactory/Action Required: | SATISFACTORY |
| Comment At wellheads | | | |
| Corrective Action | | Date: | |
| Type: Horizontal Heated Separator | # 11 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | Date: | |

Facilities:☐ New Tank

Tank ID: _____

| | | | | |
|--------------------|--------------|----------|----------|------------------|
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 0 | | | , |
| S/AR | SATISFACTORY | | Comment: | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| | | | | |
|-------------------|----------|---------------------|---------------------|-----------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

Facilities:☐ New Tank

Tank ID: _____

| | | | | |
|--------------------|--------------|----------|----------|------------------|
| Contents | # | Capacity | Type | SE GPS |
| OTHER | 0 | | | , |
| S/AR | SATISFACTORY | | Comment: | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Inspector Name: Murray, Richard

| | | | | |
|-------------------|----------|---------------------|---------------------|-----------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

Facilities: ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|------------|---|-----------|-----------|-----------------------|
| CONDENSATE | 1 | <100 BBLS | STEEL AST | 39.480180,-107.619130 |

| | | | |
|--------------------|--------------|----------|--|
| S/AR | SATISFACTORY | Comment: | 80 bbl piped from vertical sand separators |
| Corrective Action: | | | Corrective Date: |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| | | | | |
|-------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate |

| | | | | |
|-------------------|--|--|--|-----------------|
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

Facilities: ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|------------|---|----------|-----------|-----------------------|
| CONDENSATE | 9 | 500 BBLS | STEEL AST | 39.480624,-107.619109 |

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

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

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: | |

Inspector Name: Murray, Richard

Corrective Action:

Correct Action
Date:

Predrill

Location ID: 285838

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: 285834 Type: WELL API Number: 045-12562 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 285835 Type: WELL API Number: 045-12561 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 285836 Type: WELL API Number: 045-12560 Status: PR Insp. Status: PR

Inspector Name: Murray, Richard

Producing Well

Comment: **Plunger lift**

Facility ID: 285837 Type: WELL API Number: 045-12559 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 285838 Type: WELL API Number: 045-12558 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 285839 Type: WELL API Number: 045-12557 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 288532 Type: WELL API Number: 045-13289 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 288533 Type: WELL API Number: 045-13288 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 288534 Type: WELL API Number: 045-13287 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 288550 Type: WELL API Number: 045-13295 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 288552 Type: WELL API Number: 045-13293 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: 2 on location

Pilot: ON 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? 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | | | | | |
| Retention Ponds | Pass | | | | | |
| | | Check Dams | Pass | | | |
| | | Culverts | Pass | | | |
| | | Rip Rap | Pass | | | |
| Rip Rap | Pass | | | | | |
| | | Sediment Traps | Pass | | | |
| | | Tackifiers | Pass | | | |
| | | Ditches | Pass | | | |
| Berms | Pass | | | | | |
| Ditches | Pass | | | | | |
| | | Gravel | Pass | | | |
| Seeding | Pass | | | | | |
| | | Waddles | Pass | | | |

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Attached Documents

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

Inspector Name: Murray, Richard

| Document Num | Description | URL |
|--------------|---------------------|---|
| 666802309 | INSPECTION APPROVED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3889396 |