

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:
07/11/2016
Document Number:
666802353
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	283990	334629	Murray, Richard	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: 10531
Name of Operator: VANGUARD OPERATING LLC
Address: 5847 SAN FELIPE #3000
City: 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: 35 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)
12/19/2010	200292084	CO	PR	SATISFACTORY			No
12/06/2010	200287210	PR	PR	SATISFACTORY			No
10/26/2010	200284210	SR	PR	SATISFACTORY			No
11/18/2008	200200525	CO	PR	SATISFACTORY			No
09/18/2007	200123687	PR	PR	SATISFACTORY	I		No
08/13/2007	200117264	CO	PR	SATISFACTORY	I		No
04/19/2007	200114444	CO	PR	SATISFACTORY	I	Pass	No
03/30/2007	200108431	BH	PR	SATISFACTORY	I	Pass	No
02/07/2007	200107821	CO	SI	ACTION REQUIRED	I	Fail	No
01/22/2007	200106940	PR	PR	SATISFACTORY	I	Pass	No
01/02/2007	200104272	PR	PR	SATISFACTORY	I	Pass	No
11/21/2006	200105814	CO	PR	SATISFACTORY	I	Pass	No
11/20/2006	200107429	CO	PR	SATISFACTORY	I	Pass	No
11/20/2006	200105559	CO	WO	ACTION REQUIRED		Pass	No
11/14/2006	200103574	CO	WO	SATISFACTORY	I	Pass	No
10/01/2006	200103230	CO	WO	SATISFACTORY		Pass	No
09/26/2006	200103183	PR	WO	SATISFACTORY		Pass	No
08/24/2006	200101936	PR	WO	ACTION REQUIRED		Fail	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
283775	WELL	PR	05/17/2006	GW	045-11993	CIRCLE B LAND 23B-35-692	PR	<input checked="" type="checkbox"/>
283989	WELL	PR	09/09/2006	GW	045-12059	CIRCLE B LAND 13C-35-692	PR	<input checked="" type="checkbox"/>
283990	WELL	PR	06/23/2006	GW	045-12064	CIRCLE B LAND 13A-35-692	PR	<input checked="" type="checkbox"/>
283992	WELL	PR	06/23/2006	GW	045-12063	CIRCLE B LAND 23D-35-692	PR	<input checked="" type="checkbox"/>
284741	WELL	PR	06/23/2006	GW	045-12259	CIRCLE B LAND 22A-35-692	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			

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: Gas Meter Run	# 0	Satisfactory/Action Required: SATISFACTORY
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Comment			
Corrective Action		Date:	
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Plunger Lift	# 5	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Horizontal Heated Separator	# 5	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Pig Station	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	1000 GAL	PLASTIC AST	,
S/AR	SATISFACTORY		Comment: At wellheads, hooked up to Bradenheads	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Other	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	6	OTHER	STEEL AST	39.482960, -107.640750
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
Other (Content)	_____
Other (Capacity)	250 bbls
Other (Type)	_____

Berms

Inspector Name: Murray, Richard

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	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: 283990
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: 283775 Type: WELL API Number: 045-11993 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 283989 Type: WELL API Number: 045-12059 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 283990 Type: WELL API Number: 045-12064 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 283992 Type: WELL API Number: 045-12063 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 284741 Type: WELL API Number: 045-12259 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: _____

Complaint:

Tracking Num	Category	Assigned To	Description	Incident Date
200104035	ODOR	Graham, Dave	KAREN STATED THAT WHEN HER DAUGHTER GOT HOME AROUND 10:15PM ON 2/8/07, SHE COULD SMELL A BAD ODOR. SHE COULD STILL SMELL THE FUMES THAT WERE ASSOCIATED WITH THE WIND DIRECTION FROM THE SOUTHEAST. I TOLD HER I WOULD GET BACK TO HER WITH RESULTS OF THE INSPECTION. I TOLD HER THAT I THOUGHT IT MIGHT BE FROM THE W/O RIG ON THE CIRCLE B #3, AND I THOUGHT THEY WERE JUST ABOUT DONE WASHING SAND FROM THE WELL.	02/08/2007

Inspector Name: Murray, Richard

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: _____

Inspector Name: Murray, Richard

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					
		Ditches	Pass			
		Gravel	Pass			
Ditches	Pass					
		Culverts	Pass			
Berms	Pass					
Seeding	Pass					

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

Comment: _____
 CA: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

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

Document Num	Description	URL
666802353	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3900116