

**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:

666802348

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	291095	335001	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: SWNW 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)
12/06/2010	200287214	PR	PR	SATISFACTORY			No
04/01/2009	200207711	PR	PR	SATISFACTORY			No
11/18/2008	200200513	CO	WO	ACTION REQUIRED			Yes
07/23/2007	200116681	CO	ND	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
291094	WELL	PR	11/10/2008	GW	045-14303	CIRCLE B LAND 11A-35-692	PR	<input checked="" type="checkbox"/>
291095	WELL	PR	11/08/2008	GW	045-14302	CIRCLE B LAND 11D-35-692	PR	<input checked="" type="checkbox"/>
291097	WELL	PR	11/12/2008	GW	045-14301	CIRCLE B LAND 12C-35-692	PR	<input checked="" type="checkbox"/>
291099	WELL	PR	11/05/2008	GW	045-14300	CIRCLE B LAND 12B-35-629	PR	<input checked="" type="checkbox"/>
294937	WELL	PR	11/14/2008	GW	045-15639	CIRCLE B LAND 13D-35-692	PR	<input checked="" type="checkbox"/>
294938	WELL	PR	11/04/2008	GW	045-15638	CIRCLE B LAND 11B-35-692	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: Murray, Richard

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 045-1714-001		

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	SATISFACTORY	2 Chemical units at separators		

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: Gas Meter Run	# 0	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date: _____
Type: Pig Station	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date: _____
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date: _____

Inspector Name: Murray, Richard

Type: Horizontal Heated Separator	# 6	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Vertical Separator	# 0	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Plunger Lift	# 6	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment: Chemical units at separators			
Corrective Action			Date:

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	200 BBLS	STEEL AST	39.486591,-107.639716

S/AR	SATISFACTORY	Comment:	Hooked up to bradenhead valves on wells 05-045-14302 and 05-045-14300
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
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action	Corrective Date
Comment	

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	500 BBLS	STEEL AST	39.486155,-107.640186

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
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Inspector Name: Murray, Richard

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: 291095

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

Inspector Name: Murray, Richard

Facility ID: 291094 Type: WELL API Number: 045-14303 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 291095 Type: WELL API Number: 045-14302 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 291097 Type: WELL API Number: 045-14301 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 291099 Type: WELL API Number: 045-14300 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 294937 Type: WELL API Number: 045-15639 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 294938 Type: WELL API Number: 045-15638 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:

Inspector Name: Murray, Richard

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 _____

Inspector Name: Murray, Richard

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
		Culverts	Pass			
		Ditches	Pass			
Berms	Pass					
		Gravel	Pass			
Seeding	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/>) and search by document number:

Document Num	Description	URL
666802348	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3900115