

**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:

07/15/2016

Document Number:

685300940

Overall Inspection:

**ACTION REQUIRED****FIELD INSPECTION FORM**

|                     |             |        |                        |                          |             |
|---------------------|-------------|--------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name:        | On-Site Inspection       | 2A Doc Num: |
|                     | 263422      | 306763 | St John, William (Cal) | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 10000Name of Operator: BP AMERICA PRODUCTION COMPANYAddress: 380 AIRPORT RDCity: DURANGO State: CO Zip: 81303

- ☐ 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               |
|------------------|--------------|-----------------------------|-----------------------|
| Beebe, Sabre     | 970-375-7530 | Sabre.Beebe@bp.com          | SW Inspection Reports |
| Inspections, All |              | SanJuanCOGCC@bp.com         | SW Inspection Reports |
| Labowskie, Steve |              | steve.labowskie@state.co.us | COGCC                 |

**Compliance Summary:**QtrQtr: NWSE Sec: 20 Twp: 34N Range: 8W**Inspector Comment:**

Location and Equipment Inspection. Inspection report contains corrective actions and comments. See Signs/Marker and Good Housekeeping Sections of report for additional details. See link at end of report for path to downloadable pictures.

**Related Facilities:**

| Facility ID | Type         | Status | Status Date | Well Class | API Num   | Facility Name                | Insp Status |                                     |
|-------------|--------------|--------|-------------|------------|-----------|------------------------------|-------------|-------------------------------------|
| 159078      | UIC DISPOSAL | AC     | 04/26/2002  |            | -         | MCCAW WATER DISPOSAL (EPA)   | AC          | <input type="checkbox"/>            |
| 263422      | WELL         | SI     | 01/14/2015  | DSPW       | 067-08718 | MCCAW WATER DISPOSAL (EPA) 2 | SI          | <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                 |         |                   |      |

| <b>Signs/Marker:</b> |                              |                                                                                                               |                                       |                   |
|----------------------|------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------|
| Type                 | Satisfactory/Action Required | Comment                                                                                                       | Corrective Action                     | CA Date           |
| TANK LABELS/PLACARDS | <b>ACTION REQUIRED</b>       | NFPA are peeling and unreadable on several tank. None of the tanks have signage that complies with Rule 210.d | Install sign to comply with rule 210. | <b>09/12/2016</b> |
| WELLHEAD             | SATISFACTORY                 |                                                                                                               |                                       |                   |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

| <b>Good Housekeeping:</b> |                              |                                                                                   |                                                                                                    |            |
|---------------------------|------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------|
| Type                      | Satisfactory/Action Required | Comment                                                                           | Corrective Action                                                                                  | CA Date    |
| WEEDS                     | <b>ACTION REQUIRED</b>       | Weeds are growing on upper location (Wellhead) and lower Facility (Tank Battery). | Remove weeds to comply with Rule 603.f using the Rule 603.f guidance document for further details. | 07/29/2016 |

| <b>Spills:</b>                                         |      |        |                   |         |
|--------------------------------------------------------|------|--------|-------------------|---------|
| Type                                                   | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? |      |        |                   |         |

| <b>Fencing/:</b> |                              |               |                   |         |
|------------------|------------------------------|---------------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment       | Corrective Action | CA Date |
| LOCATION         | SATISFACTORY                 | Post and Wire |                   |         |

| Equipment:                |                                                             |                               |              |
|---------------------------|-------------------------------------------------------------|-------------------------------|--------------|
| Type: Ancillary equipment | # 1                                                         | Satisfactory/Action Required: | SATISFACTORY |
| Comment                   | Wellhead                                                    |                               |              |
| Corrective Action         |                                                             |                               | Date:        |
| Type: Bird Protectors     | # 3                                                         | Satisfactory/Action Required: | SATISFACTORY |
| Comment                   |                                                             |                               |              |
| Corrective Action         |                                                             |                               | Date:        |
| Type: Ancillary equipment | # 1                                                         | Satisfactory/Action Required: | SATISFACTORY |
| Comment                   | Telemetry Equipment                                         |                               |              |
| Corrective Action         |                                                             |                               | Date:        |
| Type: Other               | # 4                                                         | Satisfactory/Action Required: | SATISFACTORY |
| Comment                   | Buildings - Wellhead, Storage, Control Room, Injection Pump |                               |              |
| Corrective Action         |                                                             |                               | Date:        |
| Type: Other               | # 6                                                         | Satisfactory/Action Required: | SATISFACTORY |
| Comment                   | Water Cans with Valve Set                                   |                               |              |

Inspector Name: St John, William (Cal)

|                           |     |                               |              |
|---------------------------|-----|-------------------------------|--------------|
| Corrective Action         |     | Date:                         |              |
| Type: Ancillary equipment | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment                   |     | Electrical Service Equipment  |              |
| Corrective Action         |     | Date:                         |              |
| Type: Pig Station         | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment                   |     |                               |              |
| Corrective Action         |     | Date:                         |              |

|                    |              |                                   |                |                  |
|--------------------|--------------|-----------------------------------|----------------|------------------|
| <b>Facilities:</b> |              | <input type="checkbox"/> New Tank | Tank ID: _____ |                  |
| Contents           | #            | Capacity                          | Type           | SE GPS           |
| PRODUCED WATER     | 1            | OTHER                             | PBV STEEL      | ,                |
| S/AR               | SATISFACTORY |                                   | Comment:       |                  |
| Corrective Action: |              |                                   |                | Corrective Date: |

Paint

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

Other (Content) \_\_\_\_\_

Other (Capacity) UNKOWN

Other (Type) \_\_\_\_\_

Berms

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

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

|                    |              |                                   |                |                  |
|--------------------|--------------|-----------------------------------|----------------|------------------|
| <b>Facilities:</b> |              | <input type="checkbox"/> New Tank | Tank ID: _____ |                  |
| Contents           | #            | Capacity                          | Type           | SE GPS           |
| PRODUCED WATER     | 2            | OTHER                             | PBV STEEL      | ,                |
| S/AR               | SATISFACTORY |                                   | Comment:       |                  |
| Corrective Action: |              |                                   |                | Corrective Date: |

Paint

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

Other (Content) \_\_\_\_\_

Other (Capacity) UNKOWN

Other (Type) \_\_\_\_\_

Berms

|          |          |                     |                     |             |
|----------|----------|---------------------|---------------------|-------------|
| Type     | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Concrete | Adequate | Walls Sufficent     | Base Sufficent      | Adequate    |

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

|                    |   |                                   |                  |        |
|--------------------|---|-----------------------------------|------------------|--------|
| <b>Facilities:</b> |   | <input type="checkbox"/> New Tank | Tank ID: _____   |        |
| Contents           | # | Capacity                          | Type             | SE GPS |
| PRODUCED WATER     | 3 | 500 BBLS                          | HEATED STEEL AST | ,      |

Inspector Name: St John, William (Cal)

|                        |              |                     |                     |             |                  |  |
|------------------------|--------------|---------------------|---------------------|-------------|------------------|--|
| S/AR                   | SATISFACTORY | Comment:            |                     |             |                  |  |
| Corrective Action:     |              |                     |                     |             | Corrective Date: |  |
| <b>Paint</b>           |              |                     |                     |             |                  |  |
| Condition              |              | Adequate            |                     |             |                  |  |
| Other (Content) _____  |              |                     |                     |             |                  |  |
| Other (Capacity) _____ |              |                     |                     |             |                  |  |
| Other (Type) _____     |              |                     |                     |             |                  |  |
| <b>Berms</b>           |              |                     |                     |             |                  |  |
| Type                   | Capacity     | Permeability (Wall) | Permeability (Base) | Maintenance |                  |  |
| Concrete               | Adequate     | Walls Sufficient    | Base Sufficient     | Adequate    |                  |  |
| Corrective Action      |              |                     |                     |             | Corrective Date  |  |
| Comment                |              |                     |                     |             |                  |  |

|                 |    |
|-----------------|----|
| <b>Venting:</b> |    |
| Yes/No          | NO |
| Comment         |    |

|                    |  |                              |  |
|--------------------|--|------------------------------|--|
| <b>Flaring:</b>    |  |                              |  |
| Type               |  | Satisfactory/Action Required |  |
| Comment:           |  |                              |  |
| Corrective Action: |  | Correct Action Date:         |  |

**Predrill**

Location ID: 263422

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: 263422 Type: WELL API Number: 067-08718 Status: SI Insp. Status: SI

**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 \_\_\_\_\_

Inspector Name: St John, William (Cal)

**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? \_\_\_\_\_

CM \_\_\_\_\_

CA \_\_\_\_\_

CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? \_\_\_\_\_

CM \_\_\_\_\_

CA \_\_\_\_\_

CA Date \_\_\_\_\_

Pit, cellars, rat holes and other bores closed? \_\_\_\_\_

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: St John, William (Cal)

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            |                         |                       |               |                          |         |
| Culverts         | Pass            |                         |                       |               |                          |         |
| Berms            | Pass            | Compaction              | Pass                  | MHSP          | Pass                     |         |
| Ditches          | Pass            |                         |                       |               |                          |         |
| Compaction       | Pass            | Gravel                  | 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                                                                                                                                                                 |
|--------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 685300951    | Weeds 1                                        | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3905294">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3905294</a> |
| 685300952    | Weeds 2                                        | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3905295">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3905295</a> |
| 685300953    | Weeds on upper Wellhead location fill slope    | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3905296">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3905296</a> |
| 685300954    | Weeds around and behind location entrance sign | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3905297">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3905297</a> |