

**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:  
685300946  
Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>295071</u>	<u>334000</u>	<u>St John, William (Cal)</u>	<input type="checkbox"/>	

**Operator Information:**

OGCC Operator Number: 10000  
Name of Operator: BP AMERICA PRODUCTION COMPANY  
Address: 380 AIRPORT RD  
City: 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
Inspections, All		SanJuanCOGCC@bp.com	SW Inspection Reports
Labowskie, Steve		steve.labowskie@state.co.us	COGCC
Beebe, Sabre	970-375-7530	Sabre.Beebe@bp.com	SW Inspection Reports

**Compliance Summary:**

QtrQtr: SESW Sec: 19 Twp: 34N Range: 8W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/04/2012	661700374	PR	PR	SATISFACTORY	P		No
03/13/2009	200205520	ID	SI	SATISFACTORY			No

**Inspector Comment:**

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
295071	WELL	PR	03/21/2008	GW	067-09512	LUNT 19-01 3	PR	<input checked="" type="checkbox"/>
295072	WELL	PR	03/21/2008	GW	067-09513	LUNT 19-01 4	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**

<b>Lease Road:</b>				
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	SATISFACTORY			
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

<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
SEPARATOR	SATISFACTORY	Panel - Includes Produced Water Tank and Electrical Service Equipment		
WELLHEAD	SATISFACTORY	Wellhead		
PUMP JACK	SATISFACTORY	Steel Mesh Safety Barrier		

<b>Equipment:</b>				
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Electrical Service Equipment			
Corrective Action		Date:		
Type: Other	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Electric Motor and Water Transfer Equipment			
Corrective Action		Date:		
Type: Ancillary equipment	# 2	Satisfactory/Action Required:	SATISFACTORY	
Comment	Wellhead			
Corrective Action		Date:		
Type: Gas Meter Run	# 2	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action		Date:		

Type: Bird Protectors	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Horizontal Heated Separator	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Flow Line	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment <b>Telemetry Equipment</b>			
Corrective Action			Date:
Type: Prime Mover	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment <b>Electric Motor</b>			
Corrective Action			Date:
Type: Pump Jack	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	PBV STEEL	,
S/AR	SATISFACTORY		Comment: <b>Double Waaled with a Stack</b>	
Corrective Action:			Corrective Date:	

**Paint**

Condition	Adequate
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Other (Content) \_\_\_\_\_

Other (Capacity) 95 BBLS

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action	Corrective Date
Comment	

**Venting:**

Yes/No	NO
Comment	

**Flaring:**

Type	Satisfactory/Action Required
Comment:	

Corrective Action: _____	Correct Action Date: _____
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**Predrill**

Location ID: 295071  
 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: 295071 Type: WELL API Number: 067-09512 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

Facility ID: 295072 Type: WELL API Number: 067-09513 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

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

Inspector Name: St John, William (Cal)

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 \_\_\_\_\_

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
Ditches	Pass	Gravel	Pass			
Berms	Pass	Compaction	Pass			
Gravel	Pass					
Compaction	Pass	Culverts	Pass			

S/A/V: SATISFACTOR Corrective Date: \_\_\_\_\_

Y

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

CA: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT