

**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:

07/18/2016

Document Number:

680400887

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	280070	335126	BROWNING, CHUCK	<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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Rants, John	970-319-0013	jrant@vnrllc.com	Production Foreman

Compliance Summary:QtrQtr: NENE 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)
03/07/2016	680400376	PR	AC	SATISFACTORY			No
04/20/2015	668402861	IJ	SI	SATISFACTORY			No
03/21/2014	668401932	IJ	AC	SATISFACTORY	P		No
07/24/2013	670200696	IJ	AC	SATISFACTORY			No
08/31/2012	663800487	IJ	AC	SATISFACTORY	I		No
07/22/2011	200315743	MI	SI	SATISFACTORY			No
08/13/2010	200266717	RT	SI	SATISFACTORY			No
08/12/2009	200217307	RT	SI	SATISFACTORY			No
08/27/2008	200194446	RT	SI	SATISFACTORY			No
08/27/2008	200194447	CO	SI	SATISFACTORY			No
07/24/2007	200119657	CO	PA	SATISFACTORY		Pass	No
07/16/2007	200114796	RT	SI	SATISFACTORY	I	Pass	No
11/20/2006	200101027	PR	PR	SATISFACTORY	I	Pass	No
08/08/2006	200100565	CO	PR	SATISFACTORY	I	Pass	No
06/28/2006	200092803	MI	SI	SATISFACTORY		Pass	No
05/07/2006	200090595	MI	SI	SATISFACTORY		Pass	No

Inspector Comment:UIC-5 yr MIT.**Related Facilities:**

Inspector Name: BROWNING, CHUCK

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159159	UIC DISPOSAL	AC	07/13/2006		-	SCOTT 41D-36-692 TRANSFER STATION 159159	AC	<input type="checkbox"/>
259227	WELL	PR	09/01/2004	GW	045-07699	SCOTT 1-36	PR	<input checked="" type="checkbox"/>
261316	WELL	PR	12/10/2008	GW	045-07945	MILLER 8-36	PR	<input checked="" type="checkbox"/>
280069	WELL	PR	07/18/2006	GW	045-11168	SCOTT 42D-36-692	PR	<input checked="" type="checkbox"/>
280070	WELL	PR	12/01/2015	DSPW	045-11169	SCOTT 41D-36-692 SWD	AC	<input checked="" type="checkbox"/>
280071	WELL	PR	07/21/2006	GW	045-11170	SCOTT 41B-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
Main	SATISFACTORY			
Access	SATISFACTORY			

Signs/Marker:

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: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

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
WELLHEAD	SATISFACTORY			

Equipment:				
Type: Prime Mover	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Pump Houswe			
Corrective Action				Date:
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:

Facilities:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
CONDENSATE	6	300 BBLS	STEEL AST	39.488360,-107.610942
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 Sufficent	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	7	500 BBLS	HEATED STEEL AST	39.488450,-107.610543
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 Sufficent	Base Sufficient	Adequate
Corrective Action				Corrective Date

Comment	
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Venting:

Yes/No	NO
Comment	

Flaring:

Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 280070

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: <u>259227</u>	Type: <u>WELL</u>	API Number: <u>045-07699</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Producing WellComment: **Plunger Lift**

Facility ID: 261316 Type: WELL API Number: 045-07945 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 280069 Type: WELL API Number: 045-11168 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 280070 Type: WELL API Number: 045-11169 Status: PR Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>CRCRN</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>07/22/2011</u>
			AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 2013 Csg psi: 3042 BH psi: -1.2Insp. Status: Pass
 Comment: **UIC-5 yr MIT.
Pressure well to 3042 psi. Hold for 15 min. Final pressure 3028 psi. -14 psi loss. OK**

Facility ID: 280071 Type: WELL API Number: 045-11170 Status: PR Insp. Status: PR

Producing WellComment: **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): _____

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? 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? Pass

CM _____

CA _____

CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? Pass

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? Pass

Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? P

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Inspector Name: BROWNING, CHUCK

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
Berms	Pass	Gravel	Pass	MHSP	Pass	

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT