

**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:

685300968

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	215881	326108	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: SWNW Sec: 30 Twp: 33N Range: 10W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/12/2009	200222021	PR	PR	SATISFACTORY			No
04/03/2007	200120373	PR	PR	SATISFACTORY			No
05/25/2004	200057851	PR	PR	SATISFACTORY		Pass	No
09/30/2003	200045303	PR	PR	SATISFACTORY		Pass	No
10/10/2001	200022311	PR	PR	SATISFACTORY		Pass	No
10/25/2000	200011107	PR	PR	SATISFACTORY		Pass	No
07/13/1999	500149699	PR	PR			Pass	No
12/04/1997	500149698	PR	PR			Pass	No
02/06/1996	500149697	PR	PR				
09/19/1994	500149696	PR	PR			Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
215881	WELL	PR	01/18/1991	GW	067-07486	ELDRIDGE 30-01 1	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: St John, William (Cal)

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			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
CONTAINERS	SATISFACTORY			
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
TANK BATTERY	SATISFACTORY	Post and Hog Wire		

Equipment:

Type: Compressor	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Bird Protectors	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Vertical Heated Separator	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			

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Corrective Action		Date:	
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Other	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment Sound Walls			
Corrective Action		Date:	
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment Telemetry Equipment			
Corrective Action		Date:	
Type: Deadman # & Marked	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment Wellhead			
Corrective Action		Date:	
Type: Other	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment Tanks on Secondary Containment			
Corrective Action		Date:	
Type: Flow Line	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	

Facilities:		<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) 95 BBLS				
Other (Type) _____				
Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate
Corrective Action			Corrective Date	
Comment				

Venting:

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Yes/No	NO
Comment	

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

Predrill			
Location ID:	215881		
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:	
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Staking:

On Site Inspection (305):

<u>Surface Owner Contact Information:</u>	
Name:	Address:
Phone Number:	Cell Phone:

<u>Operator Rep. Contact Information:</u>	
Landman Name:	Phone Number:
Date Onsite Request Received:	Date of Rule 306 Consultation:
Request LGD Attendance:	

<u>LGD Contact Information:</u>		
Name:	Phone Number:	Agreed to Attend:

<u>Summary of Landowner Issues:</u>

<u>Summary of Operator Response to Landowner Issues:</u>

<u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u>

Facility									
Facility ID:	215881	Type:	WELL	API Number:	067-07486	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

Inspector Name: St John, William (Cal)

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 _____

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	Compaction	Pass	MHSP	Pass	
		Ditches	Pass			
Compaction	Pass	Culverts	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
685300968	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3906553