

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:
07/27/2016
Document Number:
680400925
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>215411</u>	<u>333612</u>	<u>BROWNING, CHUCK</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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Inspections, All		SanJuanCOGCC@bp.com	All Inspections

Compliance Summary:

QtrQtr: SWNW Sec: 15 Twp: 34N Range: 7W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/05/2015	680400192	IJ	AC	SATISFACTORY			No
08/15/2014	674600791			SATISFACTORY			No
08/15/2013	663401100			SATISFACTORY			No
08/06/2012	669400012	IJ	AC	SATISFACTORY			No
08/16/2011	200318539	MI	AC	SATISFACTORY			No
08/16/2011	200318427	MI	AC	SATISFACTORY			No
08/11/2010	200266440	RT	AC	SATISFACTORY			No
06/25/2009	200213439	RT	AC	SATISFACTORY			No
08/22/2008	200194632	RT	AC	SATISFACTORY			No
08/09/2007	200116515	RT	AC	ACTION REQUIRED			Yes
08/14/2006	200095373	MI	AC	SATISFACTORY		Pass	No
07/19/2005	200075437	RT	AC	SATISFACTORY		Pass	No
08/13/2004	200058920	RT	AC	SATISFACTORY		Pass	No
07/31/2003	200042956	RT	AC	SATISFACTORY		Pass	No
08/08/2002	200029531	SR	WO	SATISFACTORY		Pass	No
09/12/2001	200020165	MI	AC	SATISFACTORY		Pass	No
07/19/2001	200020137	MI	AC	SATISFACTORY		Pass	No
02/14/2001	200020144	MI	AC	SATISFACTORY		Pass	No
12/12/2000	200013059	CA	WO	SATISFACTORY		Pass	No
12/08/2000	200013058	CA	WO	SATISFACTORY		Pass	No

08/25/2000	200009596	RT	AC	SATISFACTORY		Pass	No
05/11/1999	500149065	BH	PR			Pass	No
12/15/1997	500149064						

Inspector Comment:

UIC-5 yr MIT.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
150250	UIC DISPOSAL	CL	03/03/1989		-	SITTON DISPOSAL 1	CL	<input type="checkbox"/>
159068	UIC DISPOSAL	AC	09/13/2001		-	SITTON DISPOSAL 1	AC	<input type="checkbox"/>
159077	UIC DISPOSAL	AC	09/13/2001		-	SITTON WATER DISPOSAL #2	AC	<input type="checkbox"/>
215411	WELL	IJ	08/29/2001	DSPW	067-07016	SITTON DISPOSAL 1	AC	<input checked="" type="checkbox"/>
261961	WELL	IJ	10/08/2012	DSPW	067-08669	SITTON WATER DISPOSAL 2	AC	<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			
Main	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
LOCATION	SATISFACTORY	Chain link around location		

Equipment:

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

Venting:

Yes/No	NO
Comment	

Flaring:

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

Predrill

Location ID: 215411

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: 215411

Type: WELL

API Number: 067-07016

Status: IJ

Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: DKTA

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 08/16/2011

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTRReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 200 Csg psi: 1340 BH psi: 0

Insp. Status: Pass

Comment: UIC-5 yr MIT.
Pressure well to 1340 psi. Hold for 15 min. Final pressure 1340 psi. -0 psi loss. OK

Facility ID: 261961 Type: WELL API Number: 067-08669 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 1132 _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: MVRD

TC: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ Last MIT: 06/19/2014

Brhd: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ AnnMTRReq: _____

Comment: Routine UIC inspection. Active injection at time of inspection. Casing blowdown 0 sec.

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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 _____

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 REVEGETATION

Cropland

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: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Inspector Name: BROWNING, CHUCK

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	
Gravel	Pass	Ditches	Pass	SI	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
680400925	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3914083