

**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:

08/24/2016

Document Number:

675102865

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 415383      | 415383 | GRANAHAN, KYLE  | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 10172Name of Operator: BOPCO LPAddress: PO BOX 2760City: MIDLAND State: TX Zip: 79702

- ☐ 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 |
|-------------------|--------------|--------------------------|---------|
| Long, Dale        |              | dlong@basspet.com        |         |
| Moore, Katie      |              | kmoore@basspet.com       |         |
| Echevarria, April | 504-836-7235 | arechevarria@basspet.com |         |

**Compliance Summary:**

| QtrQtr: <u>SWNW</u> | Sec: <u>35</u> | Twp: <u>1N</u> | Range: <u>98W</u> |                               |          |                |                 |
|---------------------|----------------|----------------|-------------------|-------------------------------|----------|----------------|-----------------|
| Insp. Date          | Doc Num        | Insp. Type     | Insp Status       | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 05/22/2014          | 673400601      |                |                   | <b>ACTION REQUIRED</b>        | Fail     |                | No              |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name                   | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------------------------|-------------|-------------------------------------|
| 293218      | WELL | PR     | 02/22/2013  | GW         | 103-11106 | YELLOW CREEK FEDERAL 35-12-1    | PR          | <input checked="" type="checkbox"/> |
| 415369      | WELL | XX     | 01/20/2010  | LO         | 103-11635 | Yellow Creek Federal 35-12-3533 | XX          | <input type="checkbox"/>            |

**Equipment:**Location Inventory

|                                       |                                |                               |                                   |
|---------------------------------------|--------------------------------|-------------------------------|-----------------------------------|
| Special Purpose Pits: <u>        </u> | Drilling Pits: <u>        </u> | Wells: <u>2</u>               | Production Pits: <u>        </u>  |
| Condensate Tanks: <u>2</u>            | Water Tanks: <u>4</u>          | Separators: <u>2</u>          | Electric Motors: <u>        </u>  |
| Gas or Diesel Mortors: <u>2</u>       | Cavity Pumps: <u>        </u>  | LACT Unit: <u>        </u>    | Pump Jacks: <u>        </u>       |
| Electric Generators: <u>        </u>  | Gas Pipeline: <u>1</u>         | Oil Pipeline: <u>        </u> | Water Pipeline: <u>2</u>          |
| Gas Compressors: <u>        </u>      | VOC Combustor: <u>1</u>        | Oil Tanks: <u>        </u>    | Dehydrator Units: <u>        </u> |
| Multi-Well Pits: <u>        </u>      | Pigging Station: <u>1</u>      | Flare: <u>        </u>        | Fuel Tanks: <u>        </u>       |

**Location**

| <b>Signs/Marker:</b> |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| BATTERY              | SATISFACTORY                 |         |                   |         |
| TANK LABELS/PLACARDS | SATISFACTORY                 |         |                   |         |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY

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

Comment: 877-278-5080

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

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

|                                   |                            |                               |              |       |
|-----------------------------------|----------------------------|-------------------------------|--------------|-------|
| <b>Equipment:</b>                 |                            |                               |              |       |
| Type: Other                       | # 1                        | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           | Production water pump shed |                               |              |       |
| Corrective Action                 |                            |                               |              | Date: |
| Type: Horizontal Heated Separator | # 2                        | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           |                            |                               |              |       |
| Corrective Action                 |                            |                               |              | Date: |
| Type: Gas Meter Run               | # 1                        | Satisfactory/Action Required: |              |       |
| Comment                           |                            |                               |              |       |
| Corrective Action                 |                            |                               |              | Date: |
| Type: Deadman # & Marked          | # 4                        | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           |                            |                               |              |       |
| Corrective Action                 |                            |                               |              | Date: |
| Type: Bird Protectors             | # 8                        | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           |                            |                               |              |       |
| Corrective Action                 |                            |                               |              | Date: |

| <b>Tanks and Berms:</b>           |              |                |                  |                  |
|-----------------------------------|--------------|----------------|------------------|------------------|
| <input type="checkbox"/> New Tank |              | Tank ID: _____ |                  |                  |
| Contents                          | #            | Capacity       | Type             | SE GPS           |
| PRODUCED WATER                    | 3            | 400 BBLS       | HEATED STEEL AST | ,                |
| S/AR                              | SATISFACTORY | Comment:       |                  |                  |
| Corrective Action:                |              |                |                  | Corrective Date: |

Paint

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

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

Other (Capacity) \_\_\_\_\_

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

Berms

Inspector Name: GRANAHAH, KYLE

|                   |          |                     |                     |                 |
|-------------------|----------|---------------------|---------------------|-----------------|
| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |
|                   |          |                     |                     |                 |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           |          |                     |                     |                 |

**Tanks and Berms:** ☐ New Tank Tank ID: \_\_\_\_\_

|                    |              |          |                  |                  |
|--------------------|--------------|----------|------------------|------------------|
| Contents           | #            | Capacity | Type             | SE GPS           |
| CONDENSATE         | 3            | 400 BBLS | HEATED STEEL AST | ,                |
| 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 Sufficient    | Base Sufficient     | Adequate        |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           |          |                     |                     |                 |

**Venting:**

|         |    |
|---------|----|
| Yes/No  | NO |
| Comment |    |

**Flaring:**

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

**Predrill**

Location ID: 415383

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: 293218 Type: WELL API Number: 103-11106 Status: PR Insp. Status: PR

**Producing Well**

Comment: Pr - no leaks/venting

**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: RANGELAND

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 ? \_\_\_\_\_

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: \_\_\_\_\_

Inspector Name: GRANAHAH, KYLE

Overall Interim Reclamation

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_

Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: RANGELAND

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            |                         |                       |               |                          |         |
| Gravel           | Pass            |                         |                       |               |                          |         |
| Compaction       | Pass            |                         |                       |               |                          |         |

S/A/V: SATISFACTORY

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

Comment: No sediment flow evident

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

Pits: ☒ NO SURFACE INDICATION OF PIT