

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:
09/07/2016
Document Number:
685301358
Overall Inspection:
ACTION REQUIRED

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|-------------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>261667</u> | <u>326664</u> | <u>St John, William (Cal)</u> | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|---|
| OGCC Operator Number: | <u>10000</u> |
| Name of Operator: | <u>BP AMERICA PRODUCTION COMPANY</u> |
| Address: | <u>380 AIRPORT RD</u> |
| City: | <u>DURANGO</u> State: <u>CO</u> Zip: <u>81303</u> |

- 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 |
|------------------|--------------|-----------------------------|-----------------------|
| Labowskie, Steve | | steve.labowskie@state.co.us | COGCC |
| Inspections, All | | SanJuanCOGCC@bp.com | SW Inspection Reports |
| Beebe, Sabre | 970-375-7530 | Sabre.Beebe@bp.com | SW Inspection Reports |

Compliance Summary:

QtrQtr: SWNE Sec: 36 Twp: 35N Range: 7W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|------------|----------------|-----------------|
| 10/16/2012 | 669400176 | PR | PR | SATISFACTORY | In Process | | No |

Inspector Comment:

Inspection report contains corrective action and comment. See Stormwater Section of report for additional details. See link at end of report for path to downloadable pictures.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------------|--|
| 261667 | WELL | PR | 04/17/2003 | GW | 067-08656 | STATE OF COLORADO AW 3 | 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 |
| Access | SATISFACTORY | | | |

| Signs/Marker: | | | | |
|----------------------|------------------------------|---------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD | SATISFACTORY | | | |
| TANK LABELS/PLACARDS | SATISFACTORY | | | |
| CONTAINERS | SATISFACTORY | | | |

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

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

| Fencing/: | | | | |
|------------------|------------------------------|---------------------------------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| SEPARATOR | SATISFACTORY | Panel - Includes Gas Meter Run. | | |
| PUMP JACK | SATISFACTORY | Steel Mesh Safety Barrier | | |
| WELLHEAD | SATISFACTORY | Panel | | |

| Equipment: | | | | |
|---------------------------------|---------------------|-------------------------------|--------------|--|
| Type: Prime Mover | # 1 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | Natural Gas Motor | | | |
| Corrective Action | | | Date: | |
| Type: Vertical Heated Separator | # 1 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |
| Corrective Action | | | Date: | |
| Type: Ancillary equipment | # 1 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | Wellhead | | | |
| Corrective Action | | | Date: | |
| Type: Ancillary equipment | # 1 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | Telemetry Equipment | | | |
| Corrective Action | | | Date: | |
| Type: Pump Jack | # 1 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |
| Corrective Action | | | Date: | |

| | | | |
|------------------------------|-----|-------------------------------|--------------|
| Type: Ancillary equipment | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment Lube Oil Tank | | | |
| Corrective Action | | | Date: |
| Type: Gas Meter Run | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: |
| Type: Bird Protectors | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: |
| Type: Flow Line | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: |

Tanks and Berms: 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 |
|-------------------|----------|---------------------|---------------------|-----------------|
| 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: 261667

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: 261667 Type: WELL API Number: 067-08656 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

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 |
|------------------|-----------------|-------------------------|-----------------------|--|--------------------------|---------|
| | | Gravel | Pass | | | |
| Compaction | Pass | Compaction | Pass | Material Handling And Spill Prevention | Fail | |
| Gravel | Pass | Ditches | Pass | | | |

S/A/V: **ACTION REQUIRED** Corrective Date: **10/10/2016**

Comment: **Lube Oil Tank at pump jack has no spill prevention.**

CA: **Install or repair required BMPs to comply with Rule 1002.f. Refer to the 1002.f guidance document for further details.**

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 |
|--------------|---------------|---|
| 685301366 | Lube Oil Tank | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3946760 |