

**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:

09/09/2016

Document Number:

666802543

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	295434	335470	Murray, Richard	<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
Ghan, Scott		sghan@vnrlc.com	Sr. EH&S
Axelsson, Aaron	970-230-0926	aaxelson@vnrlc.com	Sr. Production Foreman

Compliance Summary:QtrQtr: SESE Sec: 20 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)
02/12/2015	666800647	PR	PR	SATISFACTORY			No
01/27/2015	666800557	PR	PR	ACTION REQUIRED			No
03/29/2013	670200301	PR	PR	SATISFACTORY			No
12/12/2010	200291154	PR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
295434	WELL	PR	10/08/2008	GW	045-15750	SPECIALTY 34A-20-692	PR	<input checked="" type="checkbox"/>
295435	WELL	PR	10/20/2008	GW	045-15751	SPECIALTY 44B-20-692	PR	<input checked="" type="checkbox"/>
295436	WELL	PR	10/22/2008	GW	045-15752	SPECIALTY 34D-20-692	PR	<input checked="" type="checkbox"/>
295437	WELL	PR	10/11/2008	GW	045-15753	SPECIALTY 34C-20-692	PR	<input checked="" type="checkbox"/>
295438	WELL	PR	10/31/2008	GW	045-15754	SPECIALTY 34B-20-692	PR	<input checked="" type="checkbox"/>
295439	WELL	PR	10/17/2008	GW	045-15755	SPECIALTY 44D-20-692	PR	<input checked="" type="checkbox"/>
295440	WELL	PR	10/18/2008	GW	045-15756	SPECIALTY 44C-20-692	PR	<input checked="" type="checkbox"/>
295441	WELL	PR	10/16/2008	GW	045-15757	SPECIALTY 44A-20-692	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

295442	WELL	PR	10/21/2008	GW	045-15758	SPECIALTY 43C-20-692	PR	<input checked="" type="checkbox"/>
295443	WELL	PR	10/22/2008	GW	045-15759	SPECIALTY 43A-20-692	PR	<input checked="" type="checkbox"/>
295444	WELL	PR	10/23/2008	GW	045-15760	SPECIALTY 33C-20-692	PR	<input checked="" type="checkbox"/>
295445	WELL	PR	10/24/2008	GW	045-15761	SPECIALTY 33A-20-692	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 Motors: _____	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**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY	AIRS ID 045-1700-001		

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WEEDS	SATISFACTORY	Use BMPs to maintain weeds		

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Equipment:**

Type: Plunger Lift	# 12	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date: _____	
Type: Horizontal Heated Separator	# 12	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date: _____	
Type: Emission Control Device	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date: _____	

Inspector Name: Murray, Richard

Type: Gas Meter Run	# 0	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date:	

Tanks and Berms:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
OTHER	0			,
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

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	7	500 BBLS	STEEL AST	39.507606,-107.684722
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	YES
Comment	Bradenhead valves open

Flaring:

Type		Satisfactory/Action Required
Comment:		

Inspector Name: Murray, Richard

Corrective Action:

Correct Action
Date:

Predrill

Location ID: 295434

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: 295434 Type: WELL API Number: 045-15750 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 295435 Type: WELL API Number: 045-15751 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 295436 Type: WELL API Number: 045-15752 Status: PR Insp. Status: PR

Inspector Name: Murray, Richard

Producing Well

Comment: **Plunger lift**

Facility ID: 295437 Type: WELL API Number: 045-15753 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 295438 Type: WELL API Number: 045-15754 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 295439 Type: WELL API Number: 045-15755 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 295440 Type: WELL API Number: 045-15756 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 295441 Type: WELL API Number: 045-15757 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 295442 Type: WELL API Number: 045-15758 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 295443 Type: WELL API Number: 045-15759 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 295444 Type: WELL API Number: 045-15760 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 295445 Type: WELL API Number: 045-15761 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Inspector Name: Murray, Richard

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): Y _____

Comment: _____

Pilot: ON _____ Wildlife Protection Devices (fired vessels): YES _____

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? _____

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? _____

Inspector Name: Murray, Richard

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
		Culverts	Pass			
Gravel	Pass					
		Gravel	Pass			
Berms	Pass					
		Ditches	Pass			

S/A/V: SATISFACTORY

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
666802543	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3946973