

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:
09/12/2016
Document Number:
666802550
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>282837</u> | <u>335081</u> | <u>Murray, Richard</u> | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|---|
| OGCC Operator Number: | <u>10531</u> |
| Name of Operator: | <u>VANGUARD OPERATING LLC</u> |
| Address: | <u>5847 SAN FELIPE #3000</u> |
| City: | <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77057</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 |
|----------------|--------------|--------------------|------------------------|
| Ghan, Scott | | sghan@vnrlc.com | Sr. EH&S |
| Axelson, Aaron | 970-230-0926 | aaxelson@vnrlc.com | Sr. Production Foreman |

Compliance Summary:

| QtrQtr: | <u>SENE</u> | Sec: | <u>21</u> | Twp: | <u>6S</u> | Range: | <u>92W</u> |
|------------|-------------|------------|-------------|-------------------------------|-----------|----------------|-----------------|
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 11/20/2010 | 200285091 | PR | PR | SATISFACTORY | | | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|-------------------------------------|
| 282835 | WELL | PR | 12/31/2008 | GW | 045-11848 | TRANT 32C-21-692 | PR | <input checked="" type="checkbox"/> |
| 282836 | WELL | PR | 07/16/2009 | GW | 045-11847 | TRANT 42A-21-692 | PR | <input checked="" type="checkbox"/> |
| 282837 | WELL | PR | 01/04/2008 | GW | 045-11846 | TRANT 42C-21-692 | PR | <input checked="" type="checkbox"/> |
| 282838 | WELL | PR | 07/16/2009 | GW | 045-11845 | TRANT 32A-21-692 | PR | <input checked="" type="checkbox"/> |
| 291563 | WELL | PR | 01/02/2008 | GW | 045-14447 | TRANT 41A-21-692 | PR | <input checked="" type="checkbox"/> |
| 291564 | WELL | PR | 01/02/2008 | GW | 045-14446 | TRANT 31A-21-692 | PR | <input checked="" type="checkbox"/> |

Equipment:

Location Inventory

Inspector Name: Murray, Richard

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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

| Signs/Marker: | | | | |
|----------------------|------------------------------|----------------------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| BATTERY | SATISFACTORY | AIRS ID 045-1231-001 | | |

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? | | | | |

| Equipment: | | | | |
|-----------------------------------|----------------------------|-------------------------------|--------------|--|
| Type: Ancillary equipment | # 3 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | Chemical units at wellhead | | | |
| Corrective Action | | Date: | | |
| Type: Horizontal Heated Separator | # 6 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |
| Corrective Action | | Date: | | |
| Type: Gas Meter Run | # 0 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |
| Corrective Action | | Date: | | |
| Type: Emission Control Device | # 1 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |
| Corrective Action | | Date: | | |
| Type: Pig Station | # 6 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |
| Corrective Action | | Date: | | |

| Tanks and Berms: | | | | |
|-----------------------------------|--------------|----------------|-----------|-----------------------|
| <input type="checkbox"/> New Tank | | Tank ID: _____ | | |
| Contents | # | Capacity | Type | SE GPS |
| CONDENSATE | 4 | 400 BBLS | STEEL AST | 39.514829,-107.666368 |
| 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: | | | |
| Corrective Action: | | | Correct Action Date: |

Predrill

Location ID: 282837

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: 282835 Type: WELL API Number: 045-11848 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 282836 Type: WELL API Number: 045-11847 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 282837 Type: WELL API Number: 045-11846 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 282838 Type: WELL API Number: 045-11845 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 291563 Type: WELL API Number: 045-14447 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 291564 Type: WELL API Number: 045-14446 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 _____
 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? _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | Ditches | Pass | | | |
| Berms | Pass | | | | | |
| Gravel | Pass | | | | | |

Inspector Name: Murray, Richard

| | | | | | | |
|---------|------|----------|------|--|--|--|
| | | Culverts | Pass | | | |
| Seeding | Pass | | | | | |
| | | Gravel | Pass | | | |

S/A/V: SATISFACTORY Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT