

**FORM
INSP**

Rev
X/15

**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:

10/03/2016

Submitted Date:

10/05/2016

Document Number:

685301531

FIELD INSPECTION FORM

Loc ID 428309 Inspector Name: St John, William (Cal) On-Site Inspection 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Operator Information:

OGCC Operator Number: 10000
Name of Operator: BP AMERICA PRODUCTION COMPANY
Address: 380 AIRPORT RD
City: DURANGO State: CO Zip: 81303

Findings:

- 6 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

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

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
428302	WELL	DG	09/09/2016	LO	067-09886	ANDERSON C 2	WO
428317	WELL	DG	09/11/2016	LO	067-09887	ANDERSON C 3	WO

General Comment:

Location

Lease Road:			
Type	Access		
comment:			
Corrective Action:			Date:

Overall Good:

Signs/Marker:			
Type	DRILLING/RECOMP		
Comment:			
Corrective Action:			Date:
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:

Comment:			
Corrective Action:			Date: _____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment: _____

Multiple Spills and Releases?

Equipment:			corrective date
Type: Ancillary equipment	# 2		
Comment:	Wellhead		
Corrective Action:			Date:

Venting:			
Yes/No			
Comment:			
Corrective Action:			Date:

Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 428302 Type: WELL API Number: 067-09886 Status: DG Insp. Status: WO

Well Stimulation

Stimulation Company: Halliburton Stimulation Type: HYDRAULIC FRAC
 Other: _____

Observation:

Maximum Casing Recorded: 3126 PSI Tubing: _____
 Surface: _____ Intermediate: _____
 Production: _____ Instantaneous Shut-In Pressure (ISIP) 3700
 Bradenhead Psi: 12 Frac Flow Back: Fluid: _____ Gas: _____

Comment: Witnessed completion of Stage 1.

Corrective Action: _____ Date: _____

Facility ID: 428317 Type: WELL API Number: 067-09887 Status: DG Insp. Status: WO

Well Stimulation

Stimulation Company: Halliburton Stimulation Type: HYDRAULIC FRAC
 Other: _____

Observation:

Maximum Casing Recorded: 3459 PSI Tubing: _____
 Surface: _____ Intermediate: _____
 Production: _____ Instantaneous Shut-In Pressure (ISIP) 3700
 Bradenhead Psi: 0 Frac Flow Back: Fluid: _____ Gas: _____

Comment: Witnessed completion of Stage 1.

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Drains	Pass					
Waddles	Pass					
Gravel	Pass					
Rip Rap	Pass					
Compaction	Pass	Ditches	Pass			
Berms	Pass	Compaction	Pass	Material Handling And Spill Prevention	Pass	
Culverts	Pass	Gravel	Pass			
Ditches	Pass	Culverts	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT