

**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:

10/17/2016

Submitted Date:

10/17/2016

Document Number:

685301604**FIELD INSPECTION FORM**Loc ID 325933 Inspector Name: St John, William (Cal) On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10000Name of Operator: BP AMERICA PRODUCTION COMPANYAddress: 380 AIRPORT RDCity: DURANGO State: CO Zip: 81303**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**10 Number of Comments3 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

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

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
215588	WELL	SI	02/01/1989	GW	067-07193	GURR FEDERAL GAS UNIT 1	SI

General Comment:[Inspection report contains corrective action and comment. See Signs/Marker Section for additional details.](#)

Location

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

Overall Good: ☐

Signs/Marker:			
Type	WELLHEAD		
Comment:	No BP sign on location		
Corrective Action:	Install sign to comply with Rule 210.b.	Date:	12/19/2016

Emergency Contact Number:			
Comment:	No emergency contact information on location.		
Corrective Action:	Install sign to comply with Rule 210.b.		
	Date:	11/17/2016	

Good Housekeeping:			
Type	WEEDS		
Comment:	Weeds, grass, and small tree are growing at wellhead.		
Corrective Action:	Remove vegetation to comply with Rule 603.f using the Rule 603.f guidance document for further details.	Date:	10/28/2016

Overall Good: ☐

Spills:				
Type	Area	Volume		

In Containment: No

Comment: ☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Wellhead		
Corrective Action:		Date:	
Type: Other	# 1		
Comment:	Riser and Valve		
Corrective Action:		Date:	

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

Flaring:		
Type		

Comment:			
Corrective Action:		Date:	

Inspected Facilities									
Facility ID:	215588	Type:	WELL	API Number:	067-07193	Status:	SI	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____									
Comment: <input type="text" value="Successful MIT conducted 05/15/2013."/> _____									
Corrective Action: <input type="text"/> _____ 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
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT