

**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: _____

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:

- 10 Number of Comments
- 3 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 ActionL			Date:
Overall Good: <input type="checkbox"/>			
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: <input type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Equipment:			
Type: Deadman # & Marked	# 4		corrective date
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: Shut In Temporarily Abandoned Reminder: _____

Comment:

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
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT