

**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:
11/28/2016
Submitted Date:
11/29/2016
Document Number:
673714483

FIELD INSPECTION FORM

Loc ID 320660 Inspector Name: Sherman, Susan 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: 10156
Name of Operator: BECCA OIL LLC
Address: P O BOX 1347
City: CUSHING State: OK Zip: 74023

Findings:

15 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Greenwood, Gina	(918) 225-2334	gina.beccaoil@gmail.com	
Chesson, Bob		robert.chesson@state.co.us	COGCC EPS

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
204336	WELL	PR	12/27/2001	GW	005-06421	BILLINGS 1-6	PR

General Comment:

(This area is intentionally left blank for general comments.)

Location

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
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: Bird Protectors	# 1		
Comment:	on HHS		
Corrective Action:		Date:	
Type: Ancillary equipment	# 3		
Comment:	one chemical container and a propane tank at wellhead and one chemical container at tank battery		
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:	solar panel, radio telemetry		
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:	same berms as crude oil tanks		

Corrective Action:	Date:
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Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	300 BBLs	STEEL AST		

Comment:	Date:
Corrective Action:	Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment: same berms as crude oil tanks				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	300 BBLs	FIBERGLASS AST		

Comment:	Date:
Corrective Action:	Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment: same berms as crude oil tanks				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	300 BBLs	STEEL AST		39.727340,-104.376720

Comment:	Date:
Corrective Action:	Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Comment:					
Corrective Action:				Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Location Construction

Location ID: 204336 CDP: _____

Comment: _____

Corrective Action: _____

Date: _____

Form 2A COAs:

Comment: No COAs.

Corrective Action: _____

Date: _____

Wildlife BMPs:

Comment: _____

Corrective Action: _____

Date: _____

Comment: _____

Corrective Action: _____

Date: _____

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:

Inspected Facilities

Facility ID: 204336 Type: WELL API Number: 005-06421 Status: PR Insp. Status: PR

Producing Well

Comment: PR. Sep 2016 reported to COGCC database.

Corrective Action:

Date:

Flowline

#1 Type: Sales Line

of Lines

Flowline Description

Flowline Type: Sales Line

Size:

Material:

Variance:

Age:

Contents:

Integrity Summary

Failures:

Spills:

Repairs Made:

Coatings:

H2S:

Cathodic Protection:

Pressure Testing

Witnessed:

Test Result:

Charted:

COGCC Rules(check all that apply)

1101. Installation and Reclamation

1102. Operations, Maintenance, and Repair

1103. Abandonment

Comment: 37 psi

Corrective Action:

Date:

Environmental

Spill/Remediation:

Comment:

Corrective Action:

Date:

Emission Control Burner (ECB):

Comment:

Pilot:

Wildlife Protection Devices (fired vessels):

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment:

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING _____

Comment

Corrective Action Date _____

1002b. SOIL REMOVAL AND SEGREGATION _____

Comment

Corrective Action Date _____

1002c. PROTECTION OF SOILS _____

Comment

Corrective Action Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment

Corrective Action Date _____

1003a. Waste and Debris removed? Pass

Comment

Corrective Action Date _____

Unused or unneeded equipment onsite? Pass

Comment

Corrective Action Date _____

Pit, cellars, rat holes and other bores closed? Pass

Comment

Corrective Action Date _____

Guy line anchors marked? _____

Comment

Corrective Action 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 _____

1003e. INTERIM VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment

Corrective Action

Date _____

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 _____

1004.d. FINAL VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

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
Gravel	Pass					
Compaction	Pass	Compaction	Pass	Material Handling And Spill Prevention	Pass	
Waddles	Pass					waddles at tank battery

Comment:

Corrective Action: Date: _____

Pits: NO SURFACE INDICATION OF PIT

Type: Skimming/Settling Lined: NO Pit ID: _____ Lat: 39.727250 Long: -104.376850

Reference Point: SE Other: _____ Length: _____ Width: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment:

Corrective Action Date: c

Fencing:

Fencing Type: None Fencing Condition: _____

Comment:

Corrective Action Date: _____

Netting:

Netting Type: Metal Grid Netting Condition: Good

Comment:

Corrective Action Date: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: YES

Comment: Dry and can be closed during final reclamation.

Corrective Action Date: _____

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673714483	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4015190
673714500	Becca Billings 1-6	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4015183