

**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:
12/28/2016
Submitted Date:
12/28/2016
Document Number:
685302057

FIELD INSPECTION FORM

Loc ID 320869 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:

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

Contact Information:

| Contact Name | Phone | Email | Comment |
|------------------|--------------|---------------------|---------------------------------------|
| 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 |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 205285 | WELL | PR | 12/22/2015 | GW | 007-06165 | MARQUEZ A 1 | SI |

General Comment:

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

| Location | | | |
|--|------------------------------------|--------|-----------------|
| Lease Road: | | | |
| Type | Access | | |
| comment: | | | |
| Corrective Action: | | Date: | |
| Overall Good: <input type="checkbox"/> | | | |
| Signs/Marker: | | | |
| Type | CONTAINERS | | |
| Comment: | Corrective action completed. | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Emergency Contact Number: | | | |
| Comment: | | | |
| Corrective Action: | | | Date: _____ |
| Overall Good: <input type="checkbox"/> | | | |
| Spills: | | | |
| Type | Area | Volume | |
| In Containment: No | | | |
| Comment: | Corrective action completed. | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | |
| Fencing/: | | | |
| Type | WELLHEAD | | |
| Comment: | Sound Walls | | |
| Corrective Action: | | Date: | |
| Type | PUMP JACK | | |
| Comment: | Steel Mesh Safety Barrier | | |
| Corrective Action: | | Date: | |
| Equipment: | | | |
| Type: Ancillary equipment | # 1 | | corrective date |
| Comment: | Wellhead | | |
| Corrective Action: | | Date: | |
| Type: Gas Meter Run | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Ancillary equipment | # 1 | | |
| Comment: | Lube Oil Tank on Spill Prevention. | | |
| Corrective Action: | | Date: | |

| | | | |
|---------------------------------|---------------------|--|-------|
| Type: Vertical Heated Separator | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Flow Line | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Ancillary equipment | # 1 | | |
| Comment: | Telemetry Equipment | | |
| Corrective Action: | | | Date: |
| Type: Pump Jack | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Prime Mover | # 1 | | |
| Comment: | Natural Gas Motor | | |
| Corrective Action: | | | Date: |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Bird Protectors | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Venting:

| | | | |
|--------------------|----|--|-------|
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Flaring:

| | | | |
|--------------------|--|--|-------|
| Type | | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Inspected Facilities

Facility ID: 205285 Type: WELL API Number: 007-06165 Status: PR Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Well currently shut in with "Do Not Operate" Tags installed.

Corrective Action: _____

Date: _____

Reclamation - Storm Water - Pit

Interim Reclamation:

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

Land Use: _____

Comment: Location partially snow covered at time of inspection.

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? Pass

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 |
|------------------|-----------------|-------------------------|-----------------------|--|--------------------------|---------|
| Berms | Pass | Compaction | Pass | Material Handling And Spill Prevention | Pass | |
| Sediment Traps | Pass | | | | | |
| Rip Rap | Pass | | | | | |
| Gravel | Pass | Gravel | Pass | | | |
| Compaction | Pass | Ditches | Pass | | | |

Comment: Corrective action completed.

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Optical Gas Imaging Survey

Survey Type: Routine

Current Operations: Production Workover Flowback Referred to APCD

GPS(entrance of location): Lat: 37.021810 Long: -107.257950

Wind: Calm Speed: _____ (mph) Direction From: _____ Weather: Clear Temperature: 32 (F)

Assisting Staff: _____ Camera #: _____

Visible Smoke Referred to CDPHE

Times Surveyed

Equipment Surveyed

| Time Survey Start | AM/PM | Time Survey End | AM/PM |
|-------------------|-------|-----------------|-------|
| 3:00 | PM | 3:14 | PM |

| |
|----------------------|
| Equipment |
| Wellhead(s) |
| Separation Equipment |

Comment: Nothing noted at time of inspection.

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 |
|--------------|---------------------|---|
| 685302057 | INSPECTION APPROVED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4043471 |