

FORM
INSPRev
X/15

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

12/30/2016

Submitted Date:

12/30/2016

Document Number:

685302069

FIELD INSPECTION FORM

Loc ID 333708 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:

14 Number of Comments
0 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

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
260805	WELL	PR	12/02/2016	GW	067-08511	STATE CD 2	PR
295649	WELL	PR	08/20/2013	GW	067-09542	STATE CD 4	PR

General Comment:

Location

Lease Road:			
Type	Access		
comment:			
Corrective ActionL			Date:

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
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?

Fencing/:			
Type	WELLHEAD		
Comment:	Panel		
Corrective Action:			Date:
Type	PUMP JACK		
Comment:	Steel Mesh Safety Barrier		
Corrective Action:			Date:
Type	SEPARATOR		
Comment:	Panel Includes Gas Meter Run and Produced Water Tank		
Corrective Action:			Date:

Equipment:			corrective date
Type: Ancillary equipment	# 1		
Comment:	Electrical Service Equipment		
Corrective Action:			Date:
Type: Bird Protectors	# 2		
Comment:			
Corrective Action:			Date:

Type: Prime Mover	# 2		
Comment:	Electric Motor		
Corrective Action:			Date:
Type: Gas Meter Run	# 2		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:	Telemetry Equipment		
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 2		
Comment:			
Corrective Action:			Date:
Type: Other	# 1		
Comment:	Riser and Valve		
Corrective Action:			Date:
Type: Flow Line	# 2		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 2		
Comment:	Wellhead		
Corrective Action:			Date:
Type: Pump Jack	# 2		
Comment:			
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	OTHER	PBV STEEL		,
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)	95 BBLS	
Other (Type)		

Berms

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

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 260805 Type: WELL API Number: 067-08511 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

Facility ID: 295649 Type: WELL API Number: 067-09542 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

Reclamation - Storm Water - Pit

Interim Reclamation:

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

Land Use: _____

Comment: Location partially covered in snow 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? _____

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
Ditches	Pass	Gravel	Pass			
Gravel	Pass					
Compaction	Pass	Compaction	Pass	Material Handling And Spill Prevention	Pass	
Rip Rap						

Comment:

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: 37.112820 Long: -107.382190

Wind: Calm Speed: _____ (mph) Direction From: _____ Weather: Clear Temperature: 33 (F)

Assisting Staff: _____ Camera #: _____

Visible Smoke Referred to CDPHE

Times Surveyed

Equipment Surveyed

Time Survey Start	AM/PM	Time Survey End	AM/PM
9:16	AM	9:28	AM

Equipment
Separation Equipment
Water Tank(s)
Wellhead(s)

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
685302069	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4041206