

FORM
INSPRev
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:

02/02/2017

Submitted Date:

02/02/2017

Document Number:

685302190

FIELD INSPECTION FORM

Loc ID 333701 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:

- 19 Number of Comments
1 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 |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 271749 | WELL | PR | 03/30/2004 | GW | 067-08935 | MAYFIELD A 2 | PR |
| 294801 | WELL | PR | 03/04/2008 | GW | 067-09504 | MAYFIELD A 4 | PR |

General Comment:

Inspection report contains corrective action and comment. See Signs/Marker Section for additional details. See link at end of report for path to downloadable pictures.

| Location | | | |
|--|---|--------|-----------------|
| Lease Road: | | | |
| Type | Access | | |
| comment: | | | |
| Corrective ActionL | | Date: | |
| Overall Good: <input type="checkbox"/> | | | |
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Sign is peeling and needs to be replaced. | | |
| Corrective Action: | Install sign to comply with Rule 210.b. | Date: | 04/04/2017 |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Emergency Contact Number: | | | |
| Comment: | | | |
| Corrective Action: | | | Date: _____ |
| Overall Good: <input type="checkbox"/> | | | |
| Spills: | | | |
| Type | Area | Volume | |
| In Containment: No | | | |
| Comment: | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | |
| Fencing/: | | | |
| Type | OTHER | | |
| Comment: | Riser and Valve - Steel Post and Pole. | | |
| Corrective Action: | | Date: | |
| Type | PUMP JACK | | |
| Comment: | Steel Mesh Safety Barrier | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | Panel | | |
| Corrective Action: | | Date: | |
| Type | SEPARATOR | | |
| Comment: | Panel - Includes Gas Meter Run and Produced Water Tank. | | |
| Corrective Action: | | Date: | |
| Equipment: | | | |
| Type: Flow Line | # 2 | | corrective date |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|---------------------------------|------------------------------|--|-------|
| Type: Ancillary equipment | # 2 | | |
| Comment: | Wellhead | | |
| Corrective Action: | | | Date: |
| Type: Gas Meter Run | # 2 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Prime Mover | # 2 | | |
| Comment: | Electric Motor | | |
| Corrective Action: | | | Date: |
| Type: Vertical Heated Separator | # 2 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Other | # 1 | | |
| Comment: | Riser and Valve | | |
| Corrective Action: | | | Date: |
| Type: Ancillary equipment | # 1 | | |
| Comment: | Electrical Service Equipment | | |
| Corrective Action: | | | Date: |
| Type: Bird Protectors | # 2 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Pump Jack | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Ancillary equipment | # 1 | | |
| Comment: | Telemetry Equipment | | |
| Corrective Action: | | | Date: |
| Type: Pump Jack | # 1 | | |
| Comment: | Linear Rod Pump | | |
| 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 Sufficient | 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: 271749 Type: WELL API Number: 067-08935 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

Facility ID: 294801 Type: WELL API Number: 067-09504 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 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 |
|------------------|-----------------|-------------------------|-----------------------|--|--------------------------|-------------------------------|
| Compaction | Pass | Compaction | Pass | Material Handling And Spill Prevention | Pass | Berms on produced water tank. |
| Gravel | Pass | Gravel | Pass | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

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

| Document Num | Description | URL |
|--------------|-------------|---|
| 685302196 | Well sign | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4066661 |