

**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:

02/22/2017

Submitted Date:

02/22/2017

Document Number:

680401162

**FIELD INSPECTION FORM**

Loc ID 335126 Inspector Name: BROWNING, CHUCK 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: 10531  
Name of Operator: VANGUARD OPERATING LLC  
Address: 5847 SAN FELIPE #3000  
City: HOUSTON State: TX Zip: 77057

**Findings:**

- 14 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Rants, John	970-319-0013	jrants@vnrllc.com	Production Foreman
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
259227	WELL	PR	09/01/2004	GW	045-07699	SCOTT 1-36	PR
261316	WELL	PR	12/10/2008	GW	045-07945	MILLER 8-36	PR
280069	WELL	PR	07/18/2006	GW	045-11168	SCOTT 42D-36-692	PR
280070	WELL	IJ	07/22/2016	DSPW	045-11169	SCOTT 41D-36-692 SWD	AC
280071	WELL	PR	07/21/2006	GW	045-11170	SCOTT 41B-36-692	PR

**General Comment:**

Routine UIC inspection.

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:			
Corrective Action			Date:
Type	Main		
comment:			
Corrective Action			Date:

Overall Good:

<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:

<b>Emergency Contact Number:</b>			
Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>		Date: _____

<b>Good Housekeeping:</b>			
Type	TRASH		
Comment:	Trash Bin		
Corrective Action:			Date:

Overall Good:

<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:	<input style="width: 95%;" type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?			

<b>Fencing/:</b>			
Type	IGNITOR/COMBUSTOR		
Comment:	Panel fence		
Corrective Action:			Date:
Type	SEPARATOR		
Comment:	Hogwire & T-post		
Corrective Action:			Date:
Type	TANK BATTERY		
Comment:	Panel fence		
Corrective Action:			Date:

Type	WELLHEAD		
Comment:	Panel fence		
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Horizontal Heated Separator	# 1		
Comment:	Quad		
Corrective Action:		Date:	

<b>Venting:</b>			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 259227 Type: WELL API Number: 045-07699 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger Lift  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Facility ID: 261316 Type: WELL API Number: 045-07945 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger Lift  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Facility ID: 280069 Type: WELL API Number: 045-11168 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger Lift  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Facility ID: 280070 Type: WELL API Number: 045-11169 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

**UIC Routine**

Inj./Tube: Pressure or inches of Hg 2154 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: CZ-CR  
 TC: Pressure or inches of Hg 38 Previous Test Pressure \_\_\_\_\_ Last MIT: 07/18/2016  
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Routine UIC inspection. Active injection at time of inspection.  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Facility ID: 280071 Type: WELL API Number: 045-11170 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger Lift  
 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	Ditches	Pass			
Berms	Pass	Gravel	Pass	Material Handling And Spill Prevention	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
401217173	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4082135">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4082135</a>