

**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:

02/23/2017

Document Number:

680401165**FIELD INSPECTION FORM**

Loc ID 413720 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 10531Name of Operator: VANGUARD OPERATING LLCAddress: 5847 SAN FELIPE #3000City: HOUSTON State: TX Zip: 77057**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION  
☐ FOLLOW UP INSPECTION REQUIRED  
☒ NO FOLLOW UP INSPECTION REQUIRED

**Findings:**5 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

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

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name                | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------------------|-------------|
| 412569      | WELL | SI     | 04/09/2014  | DSPW       | 045-18493 | CIRCLE B LAND 33A-35-692 SWD | AC          |

**General Comment:**

Routine UIC Inspection.

**Location**

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

Overall Good: ☒

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

|                           |                      |  |                            |
|---------------------------|----------------------|--|----------------------------|
| Emergency Contact Number: |                      |  |                            |
| Comment:                  | <input type="text"/> |  |                            |
| Corrective Action:        | <input type="text"/> |  | Date: <input type="text"/> |

Overall Good: ☒

|                |      |        |  |
|----------------|------|--------|--|
| <b>Spills:</b> |      |        |  |
| Type           | Area | Volume |  |

In Containment: No

Comment: ☐ Multiple Spills and Releases?

|                    |                      |       |  |
|--------------------|----------------------|-------|--|
| <b>Fencing/:</b>   |                      |       |  |
| Type               | WELLHEAD             |       |  |
| Comment:           | Shed around UIC well |       |  |
| 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: 412569 Type: WELL API Number: 045-18493 Status: SI Insp. Status: AC**Underground Injection Control**

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

UIC RoutineInj./Tube: Pressure or inches of Hg 675 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_

(e.g. 30 psig or -30" Hg)

Inj Zone: CZ-CRTC: Pressure or inches of Hg 553 Previous Test Pressure \_\_\_\_\_ Last MIT: 07/30/2014Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_Comment: Routine UIC Inspection. No 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: \_\_\_\_\_

**Reclamation - Storm Water - Pit****Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs                          | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|--|--------------------------|---------|
| Berms            | Pass            | Gravel                  | Pass                  | Material Handling And Spill Prevention | Pass                     |         |
| Gravel           | Pass            | Ditches                 | 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   |
|--------------|----------------------|---|
| 401217609    | INSPECTION SUBMITTED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4082633">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4082633</a> |