

**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:

05/22/2017

Submitted Date:

05/23/2017

Document Number:

680401498**FIELD INSPECTION FORM**

Loc ID 311844 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 6720Name of Operator: BAYLESS PRODUCER LLC* ROBERT LAddress: 621 17TH ST STE 2300City: DENVER State: CO Zip: 80293**Status Summary:**

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

Findings:7 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Trujillo, Helen		notices@rlbayless.com	All inspections
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
277802	WELL	SI	03/03/2014	DSPW	103-10578	Weaver Ridge 27-16	AC

General Comment:[Routine UIC Inspection.](#)

Location

Lease Road:			
Type	Main		
comment:			
Corrective Action		Date:	
Type	Access		
comment:			
Corrective Action		Date:	

Overall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Sign not posted or information inaccurate on tanks or containers		
Corrective Action:	Install sign to comply with Rule 210.d.	Date:	06/30/2017

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	TANK BATTERY		
Comment:			
Corrective Action:		Date:	

Equipment:			corrective date
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	Pump in shed		
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:	Disconnected		
Corrective Action:		Date:	

Type: Emission Control Device	# 1	
Comment:		
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	300 BBLs	STEEL AST		39.929653,-109.047755
Comment:					
Corrective Action:					Date:

Paint

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

Berms

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

Venting:

Yes/No		
Comment:		
Corrective Action:		Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected FacilitiesFacility ID: 277802 Type: WELL API Number: 103-10578 Status: SI Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 690 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: CSLGT

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 12/10/2015

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: _____

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	Ditches	Pass	Self Inspection	Pass	

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT