

**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:

05/23/2018

Submitted Date:

05/25/2018

Document Number:

680402810**FIELD INSPECTION FORM**

Loc ID \_\_\_\_\_ Inspector Name: \_\_\_\_\_ On-Site Inspection ☐  
 311685 \_\_\_\_\_ BROWNING, CHUCK \_\_\_\_\_ 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:**9 Number of Comments0 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
Labowskie, Steve		steve.labowskie@state.co.us	
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
211492	WELL	PR	08/08/2000	GW	045-07252	GIBSON GULCH UNIT 3-31 B	PR
289567	WELL	IJ	12/09/2014	DSPW	045-13803	GGU RODREICK 21B-31-691 SWD	AC

**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	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
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 <input type="text"/>			
Comment: <input type="text"/>			
<input type="checkbox"/> Multiple Spills and Releases?			

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Wellhead inside housing		
Corrective Action:		Date:	

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

Type: Prime Mover	# 1	
Comment:	Pump inside housing	
Corrective Action:		Date:
Type: Gas Meter Run	# 1	
Comment:		
Corrective Action:		Date:
Type: Emission Control Device	# 1	
Comment:		
Corrective Action:		Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	10	500 BBLs	STEEL AST		39.490153,-107.600509
Comment:					
Corrective Action:					Date:

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment:					
Corrective Action:				Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	11	500 BBLs	STEEL AST		39.489818,-107.600704
Comment:	2-300 bbl tanks inside same berms				
Corrective Action:					Date:

**Paint**

Condition	Adequate	
Other (Content)		
Other (Capacity)		
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: 211492 Type: WELL API Number: 045-07252 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger liftCorrective Action: Date: Facility ID: 289567 Type: WELL API Number: 045-13803 Status: IJ Insp. Status: AC**Underground Injection Control**UIC Violation: Maximum Injection Pressure: **UIC Routine**Inj./Tube: Pressure or inches of Hg 1921 Previous Test Pressure  MPP   
(e.g. 30 psig or -30" Hg) Inj Zone: CZ-CRTC: Pressure or inches of Hg 2075 Previous Test Pressure  Last MIT: 12/23/2014Brhd: 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 FEEDTest 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
Gravel	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	Secondary containment of chemicals

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
680402823	Inspection photos 5/23/2018	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4475483">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4475483</a>