

**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:

03/14/2019

Submitted Date:

03/14/2019

Document Number:

687903956**FIELD INSPECTION FORM**Loc ID 325654 Inspector Name: Stewart, Joseph On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10000Name of Operator: BP AMERICA PRODUCTION COMPANYAddress: 380 AIRPORT RDCity: DURANGO State: CO Zip: 81303**Status Summary:**

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

Findings:13 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

| Contact Name | Phone | Email | Comment |
|------------------|--------------|-----------------------------|---------------------------------------|
| Labowskie, Steve | | steve.labowskie@state.co.us | |
| Beebe, Sabre | 970-779-9398 | Sabre.Beebe@bpx.com | SW Inspection Reports |
| Inspections, All | | SanJuanCOGCC@bp.com | All Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|
| 215173 | WELL | PR | 07/01/2018 | GW | 067-06778 | EVELYN PAYNE A 1 | PR |

General Comment:[Well location was covered in snow with only a teardrop pass around location during time of inspection.](#)

| Location | | | | |
|--|---|--------|--|-----------------|
| Lease Road: | | | | |
| Type | Access | | | |
| comment: | Snowpacked single lane gravel road. | | | |
| Corrective Action | L | | | Date: |
| Overall Good: <input type="checkbox"/> | | | | |
| Signs/Marker: | | | | |
| Type | WELLHEAD | | | |
| Comment: | Framed metal sign at entrance to location. | | | |
| Corrective Action: | | | | Date: |
| Emergency Contact Number: | | | | |
| Comment: | Current Emergency contact information. (970) 247-6916/911 | | | |
| 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 | WELLHEAD | | | |
| Comment: | Cattle panels around wellhead and compressor. | | | |
| Corrective Action: | | | | Date: |
| Type | TANK BATTERY | | | |
| Comment: | Cattle panels around produced water tank. | | | |
| Corrective Action: | | | | Date: |
| Equipment: | | | | |
| | | | | corrective date |
| Type: Compressor | # 1 | | | |
| Comment: | Small Oilift package compressor. | | | |
| Corrective Action: | | | | Date: |
| Type: Bird Protectors | # 1 | | | |
| Comment: | On separator. | | | |
| Corrective Action: | | | | Date: |
| Type: Gas Meter Run | # 1 | | | |
| Comment: | Located inside separator building. | | | |
| Corrective Action: | | | | Date: |
| Type: Ancillary equipment | # 1 | | | |
| Comment: | Wellhead with PVC bradenhead inspection port. | | | |
| Corrective Action: | | | | Date: |

| | | | |
|---------------------------------|-----|-------|--|
| Type: Vertical Heated Separator | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| | | | | | | |
|--------------------|---|----------|-----------|---------|--------|-------|
| Contents | # | Capacity | Type | Tank ID | SE GPS | |
| PRODUCED WATER | 1 | <50 BBLS | PBV STEEL | | , | |
| 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: |

Venting:

| | | | |
|--------------------|----|--|-------|
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Flaring:

| | | |
|--------------------|--|-------|
| Type | | |
| Comment: | | |
| Corrective Action: | | Date: |

| | | | | |
|-----------------------------|------------|-----------------------|------------|------------------|
| Inspected Facilities | | | | |
| Facility ID: 215173 | Type: WELL | API Number: 067-06778 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: | Producing. | | | |
| Corrective Action: | | | | Date: |

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|