

**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:

09/26/2019

Submitted Date:

10/06/2019

Document Number:

688305873**FIELD INSPECTION FORM**

Loc ID 442643 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 26580Name of Operator: BURLINGTON RESOURCES OIL & GAS LPAddress: 925 N ELDRIDGE PARKWAYCity: HOUSTON State: TX Zip: 77079**Status Summary:**

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

Findings:10 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
ConocoPhillips		COPColoradoReg@conocophillips.com	All Inspections
Smith, Larry		larry.r.smith@conocophillips.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
442641	WELL	PR	11/07/2017	OW	005-07245	B&D LAND 4-64 4-5 4BH	PR

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	OTHER		
Comment:	location sign at gate		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 855-595-8258

Corrective Action:

Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	PUMP JACK		
Comment:	wire mesh		
Corrective Action:		Date:	
Type	LOCATION		
Comment:	6' locked chainlink fence		
Corrective Action:		Date:	

Equipment:			corrective date
Type: FWKO	# 2		
Comment:			
Corrective Action:		Date:	
Type: Pump Jack	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bradenhead	# 1		

Comment:	-2 psi, continuous monitoring		Date:	
Corrective Action:			Date:	
Type: Flow Line	# 1			
Comment:			Date:	
Corrective Action:			Date:	
Type: Gas Meter Run	# 1			
Comment:			Date:	
Corrective Action:			Date:	
Type: VRU	# 1			
Comment:			Date:	
Corrective Action:			Date:	
Type: Flare	# 1			
Comment:			Date:	
Corrective Action:			Date:	
Type: VRT	# 1			
Comment:			Date:	
Corrective Action:			Date:	
Type: Prime Mover	# 1			
Comment:	electric		Date:	
Corrective Action:			Date:	
Type: Emission Control Device	# 2			
Comment:			Date:	
Corrective Action:			Date:	
Type: Horizontal Heater Treater	# 1			
Comment:			Date:	
Corrective Action:			Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	400 BBLs	STEEL AST		,
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:	same metal berms as crude oil tanks			

Corrective Action:					Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS	
CRUDE OIL	3	400 BBLs	STEEL AST		,	
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:

Location Construction

Location ID: 442641 CDP: _____

Comment: _____

Corrective Action: _____

Date: _____

Form 2A COAs:

Comment: No problems seen.

Corrective Action: _____

Date: _____

Wildlife BMPs:

Comment: _____

Corrective Action: _____

Date: _____

Comment: _____

Corrective Action: _____

Date: _____

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____

Address: _____

Phone Number: _____

Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____

Phone Number: _____

Date Onsite Request Received: _____

Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____

Phone Number: _____

Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Inspected Facilities				
Facility ID: 442641	Type: WELL	API Number: 005-07245	Status: PR	Insp. Status: PR
Producing Well				
Comment:	PR. Jul 2019 production reported to COGCC database.			
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

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
688305963	COP B&D Land 4-64 4-5 4BH	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4956169