

**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:

01/23/2020

Submitted Date:

01/23/2020

Document Number:

679602230**FIELD INSPECTION FORM**Loc ID 466071 Inspector Name: Santistevan, Brittani On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10261Name of Operator: BAYSWATER EXPLORATION & PRODUCTION LLCAddress: 730 17TH ST STE 500City: DENVER State: CO Zip: 80202**Status Summary:**

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

Findings:4 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
,		wellinspections@bayswater.us	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
467276	WELL	DG	11/05/2019		123-50500	COT East X-30-29HN	DG

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	DRILLING/RECOMP		
Comment:	Adequate		
Corrective Action:		Date:	

Emergency Contact Number:	
Comment:	
Corrective Action:	Date: _____

Overall Good: ☒

Spills:				
Type	Area	Volume		

In Containment: No

Comment: _____

☐ Multiple Spills and Releases?

Fencing/:			
Type	LOCATION		
Comment:	Sound Walls		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Flare	# 1		
Comment:			
Corrective Action:		Date:	

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 467276 Type: WELL API Number: 123-50500 Status: DG Insp. Status: DG**Well Drilling**

Rig: Rig Name: True Rig 38 Pusher/Rig Manager: Marsh Wing
Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
Pressure Test BOP: Pass Test Pressure PSI: 5000 Safety Plan: YES

Drill Fluids**Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
Multi-Well: YES Disposal Location: _____

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	Covering Materials	Pass	

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PIT**COGCC Comments**

Comment	User	Date
Routine Inspection. No corrective actions observed at the time of inspection. **Weather Conditions: Cloudy, dry ground.	santistb	01/23/2020

Attached DocumentsYou can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
679602231	Photo	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5048097