

**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:

07/22/2020

Submitted Date:

07/24/2020

Document Number:

693802342**FIELD INSPECTION FORM**Loc ID 334249 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10000Name of Operator: BP AMERICA PRODUCTION COMPANYAddress: 1199 MAIN AVENUE SUITE 101City: DURANGO State: CO Zip: 81301**Status Summary:**

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

Findings:11 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
Koehler, Bob		bob.koehler@state.co.us	
Inspections, All		SanJuanCOGCC@bp.com	All Inspections
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Labowskie, Steve		steve.labowskie@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
215753	WELL	IJ	04/01/2018	DSPW	067-07358	BAYFIELD 1	AC
451156	SPILL OR RELEASE	CL	11/10/2017		-	Bayfield Injection #1	CL

General Comment:[Routine UIC inspection. Injection well inspection only.](#)

Location

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

Overall Good: ☒

Signs/Marker:			
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Sign on housing		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 970-247-6800 or 911

Corrective Action:

Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	Wellhead inside housing		
Corrective Action:		Date:	
Type	TANK BATTERY		
Comment:	Panel fence around blowdown tank		
Corrective Action:		Date:	

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

Type: Prime Mover	# 1	
Comment:	Pump inside hosuing. Pump located ~ 375 feet SSE of wellhead	
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<100 BBLs	PBV STEEL		37.217097,-107.565849
Comment:	blowdown tank next (W) to wellhead				
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:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	1000 BBLs	HEATED STEEL AST		37.215999,-107.565114
Comment:	Tank battery located ~ 375 feet SSE of wellhead				
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Concrete	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: 215753 Type: WELL API Number: 067-07358 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 1600 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: MVRD
 TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 08/05/2015
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC inspection. Injection well inspection only. Active injection at time of inspection. Casing blowdown 0 sec.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Facility ID: 451156 Type: SPILL OR API Number: - Status: CL Insp. Status: CL

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 1600 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____
 TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: _____
 Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

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
Gravel	Pass	Gravel	Pass			

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
693802352	Inspection photos 7/22/2020	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5204136