

**FORM
INSP**Rev
05/11**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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| DE | ET | OE | ES |
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Inspection Date:

01/12/2012

Document Number:

661700116

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------|-------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | <u>215423</u> | <u>333537</u> | | <u>LABOWSKIE, STEVE</u> |

Operator Information:OGCC Operator Number: 10000 Name of Operator: BP AMERICA PRODUCTION COMPANYAddress: 501 WESTLAKE PARK BLVDCity: HOUSTON State: TX Zip: 77079**Contact Information:**

| Contact Name | Phone | Email | Comment |
|--------------|-----------------------------------|---------------------|-------------------------------------|
| Kerr, Kyle | (970) 382-3690/ (970) 317-0623 | kyle.kerr@bp.com | Environmental Advisor |
| Best, Julie | (970) 375-7540/ (970) 394-0131 | julie.best@bp.com | Environmental Advisor |
| Fauth, Dan | (970) 247-6800/ (505) 330-1954 | daniel.fauth@bp.com | Environmental Coordinator (Durango) |

Compliance Summary:QtrQtr: SENW Sec: 4 Twp: 33N Range: 9W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 11/13/2009 | 200222040 | PR | PR | S | | | N |
| 07/11/2007 | 200120620 | PR | PR | S | | | N |
| 02/15/2006 | 200088388 | PR | PR | S | | P | N |
| 10/05/2004 | 200065538 | PR | PR | S | | P | N |
| 03/19/2003 | 200037974 | PR | PR | S | | P | N |
| 09/12/2001 | 200020700 | PR | PR | S | | P | N |
| 04/09/2001 | 200016489 | BH | PR | S | | P | N |
| 09/26/2000 | 200010362 | PR | PR | S | | P | N |
| 01/05/1998 | 500149078 | | | | | | |
| 12/23/1997 | 500149077 | PR | PR | | | P | N |
| 10/23/1995 | 500149076 | ES | PR | | | P | N |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|-----------------------------------|-------------------------------------|
| 214199 | WELL | PR | 05/19/2010 | GW | 067-05521 | BONDAD 33-9 10 | <input type="checkbox"/> |
| 215423 | WELL | PR | 12/02/2004 | GW | 067-07028 | PETER PHILLIPS GAS UNIT A PLA-6 1 | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

Inspector Name: LABOWSKIE, STEVE

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: _____ | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | Electric Motors: _____ |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____ | LACT Unit: _____ | Pump Jacks: _____ |
| Electric Generators: _____ | Gas Pipeline: _____ | Oil Pipeline: _____ | Water Pipeline: _____ |
| Gas Compressors: _____ | VOC Combustor: _____ | Oil Tanks: _____ | Dehydrator Units: _____ |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: _____ | Fuel Tanks: _____ |

| |
|------------------------|
| <u>Location</u> |
|------------------------|

| | | | | |
|-----------------------------|-----------------------------|---------|-------------------|---------|
| <u>Signs/Marker:</u> | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Satisfactory | | | |

Emergency Contact Number: (S/U/V) Satisfactory _____ Corrective Date: _____

Comment: _____

Corrective Action: _____

| | | | | |
|--|------|--------|-------------------|---------|
| <u>Spills:</u> | | | | |
| Type | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| | | | | |
|------------------------|-----------------------------|---------|-------------------|---------|
| <u>Fencing:</u> | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | | | | |
| SEPARATOR | | | | |

| | | | | | |
|-----------------------------|---|-----------------------------|------------------------|-------------------|---------|
| <u>Equipment:</u> | | | | | |
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Horizontal Heated Separator | | | | | |
| Deadman # & Marked | 4 | | several need re-marked | | |
| Ancillary equipment | | | telemetry | | |

| | | |
|------------------------|---------|--|
| <u>Venting:</u> | | |
| Yes/No | Comment | |
| | | |

| | | | | |
|------------------------|-----------------------------|---------|-------------------|---------|
| <u>Flaring:</u> | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

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

Predrill

Location ID: 333537

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Wildlife BMPs:****Stormwater:****Comment:** _____**Staking:****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:**Well**

Facility ID: 215423 API Number: 067-07028 Status: PR Insp. Status: PR

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

| Complaint: | | | | |
|-------------------|----------|------------------|---|---------------|
| Tracking Num | Category | Assigned To | Description | Incident Date |
| 200338292 | NOISE | LABOWSKIE, STEVE | Property owner states that compressor on well pad is loud and bothers her while in that area of the property. | 01/20/2012 |

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Debris removed? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? Fail CM _____CA re-mark or remove anchors CA Date **06/01/2012**

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Inspector Name: LABOWSKIE, STEVE

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____
Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads _____ Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Check Dams | Pass | Gravel | Pass | | | |

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____