

**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:

02/08/2012

Document Number:

661700140

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------|-------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | <u>258190</u> | <u>326574</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 |
|--------------|-----------------------------------|---------------------|-------------------------------------|
| Fauth, Dan | (970) 247-6800/ (505) 330-1954 | daniel.fauth@bp.com | Environmental Coordinator (Durango) |
| Best, Julie | (970) 375-7540/ (970) 394-0131 | julie.best@bp.com | Environmental Advisor |
| Kerr, Kyle | (970) 382-3690/ (970) 317-0623 | kyle.kerr@bp.com | Environmental Advisor |

Compliance Summary:QtrQtr: NENE Sec: 16 Twp: 34N Range: 8W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 04/16/2009 | 200208730 | CO | PR | S | | | N |
| 05/05/2008 | 200189791 | PR | PR | S | | | N |
| 05/05/2008 | 200191017 | PR | PR | S | | | N |
| 12/04/2007 | 200123223 | PR | PR | S | | | N |
| 07/07/2006 | 200100082 | PR | PR | S | | P | N |
| 05/29/2003 | 200041052 | PR | PR | S | | P | N |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|----------|--------|-------------|------------|-----------|-------------------------------------|-------------------------------------|
| 18000 | LEASE | PR | 01/16/1998 | | - | ANNALA GAS UNIT # 1, *ROY | <input type="checkbox"/> |
| 258190 | WELL | PR | 08/14/2001 | GW | 067-08334 | ROY ANNALA GAS UNIT A 2 | <input checked="" type="checkbox"/> |
| 326574 | LOCATION | AC | 04/14/2009 | | - | ROY ANNALA GAS UNIT A-N34N8W 16NENE | <input 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: _____ |

Location

Signs/Marker:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------------------|-----------------------------|---------|-------------------|---------|
| TANK LABELS/PLACARDS | Satisfactory | | | |
| WELLHEAD | Satisfactory | | | |

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

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

Fencing/:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-----------|-----------------------------|-------------------------|-------------------|---------|
| PUMP JACK | Satisfactory | enclosed by sound walls | | |
| LOCATION | | | | |

Equipment:

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-----------------------------|---|-----------------------------|-------------------------------------|-------------------|---------|
| Horizontal Heated Separator | 1 | | | | |
| Deadman # & Marked | 4 | | | | |
| Gas Meter Run | 1 | | | | |
| Ancillary equipment | 1 | | | | |
| Ancillary equipment | 1 | | pumphouse inside tank battery berms | | |
| Pump Jack | 1 | | | | |

| | | | | |
|---|-----------------------------|---------------------|-------------------------|----------------------|
| Tanks/Berms: <input type="checkbox"/> New Tank Tank ID: _____ | | | | |
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 1 | OTHER | BV STEEL | , |
| S/U/V: | Satisfactory | | Comment: needs capacity | |
| Corrective Action: | | | Corrective Date: | |
| <u>Paint</u> | | | | |
| Condition | Adequate | | | |
| Other (Content) _____ | | | | |
| Other (Capacity) _____ | | | | |
| Other (Type) _____ | | | | |
| <u>Berms</u> | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |
| Corrective Action | | | Corrective Date | |
| Comment | | | | |
| Tanks/Berms: <input type="checkbox"/> New Tank Tank ID: _____ | | | | |
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 2 | 400 BBLS | STEEL AST | 37.220730,107.746070 |
| S/U/V: | | | Comment: needs capacity | |
| Corrective Action: | | | Corrective Date: | |
| <u>Paint</u> | | | | |
| Condition | Adequate | | | |
| Other (Content) _____ | | | | |
| Other (Capacity) _____ | | | | |
| Other (Type) _____ | | | | |
| <u>Berms</u> | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate |
| Corrective Action | | | Corrective Date | |
| Comment | | | | |
| <u>Venting:</u> | | | | |
| Yes/No | | Comment | | |
| | | | | |
| <u>Flaring:</u> | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 326574

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: 258190 API Number: 067-08334 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: _____

Inspector Name: LABOWSKIE, STEVE

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? Pass CM _____
CA _____ CA Date _____

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

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 REVEGETATION

Cropland

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:

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

Final Land Use: _____

Reminder: _____

Comment: _____

Inspector Name: LABOWSKIE, STEVE

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 |
|--|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |
| S/U/V: Satisfactory Corrective Date: _____ | | | | | | |
| Comment: _____ | | | | | | |
| CA: _____ | | | | | | |