

**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



DE	ET	OE	ES
----	----	----	----

Inspection Date:

03/13/2012

Document Number:

668400025

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>293207</u>	<u>334467</u>		<u>BROWNING, CHUCK</u>

Operator Information:

OGCC Operator Number: 16800 Name of Operator: DELTA PETROLEUM CORPORATION

Address: 370 17TH ST STE 4300

City: DENVER State: CO Zip: 80202

Contact Information:

Contact Name	Phone	Email	Comment
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Macke, Brian	303-575-0386	bmacke@deltapetro.com	

Compliance Summary:

QtrQtr: <u>SWSE</u>	Sec: <u>26</u>	Twp: <u>9S</u>	Range: <u>93W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/08/2010	200286205	PR	PR	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
293207	WELL	PR	10/31/2007	LO	077-09441	NVEGA 26-331	X
293208	WELL	AL	04/14/2009	LO	077-09442	NVEGA 26-444	
293209	WELL	AL	03/06/2009	LO	077-09443	NVEGA 26-441	
293210	WELL	PR	10/31/2007	LO	077-09444	NVEGA 26-244	X
293211	WELL	PR	10/31/2007	LO	077-09445	NVEGA 26-341	X
293212	WELL	PR	10/31/2007	LO	077-09446	NVEGA 35-311	X
293333	WELL	AL	04/15/2009	LO	077-09451	NVEGA 26-234	
293877	WELL	PR	12/05/2007	LO	077-09460	N VEGA 26-324	X
293986	WELL	AL	04/15/2009	LO	077-09462	NVEGA 35-314	
293987	WELL	PR	12/18/2007	LO	077-09463	N VEGA 26-334	X
294130	WELL	PR	12/28/2007	LO	077-09466	NVEGA 26-344	X
334467	LOCATION	AC	04/14/2009		-	N VEGA-69S93W 26SWSE	

Equipment:**Location Inventory**

Inspector Name: BROWNING, CHUCK

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
BATTERY	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
WELLHEAD	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Flow Line	1	Satisfactory			
Gas Meter Run	1	Satisfactory			
Emission Control Device	1	Satisfactory			
Horizontal Heated Separator	3	Satisfactory			
Horizontal Heated Separator	4	Satisfactory			
Ancillary equipment	1	Satisfactory			

Inspector Name: BROWNING, CHUCK

Tanks/Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST	39.242190,-107.733810

S/U/V:	Satisfactory	Comment:	
Corrective Action:		Corrective 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

Corrective Action		Corrective Date	
-------------------	--	-----------------	--

Comment	
---------	--

Tanks/Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	3	400 BBLS	STEEL AST	39.242300,-107.733900

S/U/V:	Satisfactory	Comment:	
Corrective Action:		Corrective Date:	

Paint

Condition	
-----------	--

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
-------------------	--	-----------------	--

Comment	
---------	--

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 334467

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: 293207 API Number: 077-09441 Status: PR Insp. Status: PR

Facility ID: 293210 API Number: 077-09444 Status: PR Insp. Status: PR

Facility ID: 293211 API Number: 077-09445 Status: PR Insp. Status: PR

Facility ID: 293212 API Number: 077-09446 Status: PR Insp. Status: PR

Facility ID: 293877 API Number: 077-09460 Status: PR Insp. Status: PR

Facility ID: 293987 API Number: 077-09463 Status: PR Insp. Status: PR

Facility ID: 294130 API Number: 077-09466 Status: PR Insp. Status: PR

Environmental**Spills/Releases:**

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

Inspector Name: BROWNING, CHUCK

Comment: <input style="width: 700px;" type="text"/>			
Corrective Action: _____		Date: _____	
Reportable: _____	GPS: Lat _____	Long _____	
Proximity to Surface Water: _____		Depth to Ground Water: _____	
Water Well:			
		Lat _____	Long _____
DWR Receipt Num: _____	Owner Name: _____	GPS : _____	
Field Parameters:			
<input style="width: 300px;" type="text"/>			
Sample Location: <input style="width: 400px;" type="text"/>			
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: <input style="width: 750px;" type="text"/>			
1003a.	Debris removed? <u>Pass</u> CM _____		
	CA _____	CA Date _____	
	Waste Material Onsite? <u>Pass</u> CM _____		
	CA _____	CA Date _____	
	Unused or unneeded equipment onsite? <u>Pass</u> CM _____		
	CA _____	CA Date _____	
	Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____		
	CA _____	CA Date _____	
	Guy line anchors removed? _____ CM _____		
	CA _____	CA Date _____	
	Guy line anchors marked? <u>Pass</u> CM _____		
	CA _____	CA Date _____	
1003b.	Area no longer in use? <u>Pass</u>		Production areas stabilized ? <u>Pass</u>
1003c.	Compacted areas have been cross ripped? <u>Pass</u>		
1003d.	Drilling pit closed? <u>Pass</u>		Subsidence over on drill pit? <u>Pass</u>
	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? <u>Pass</u>		Segregated soils have been replaced? _____
RESTORATION AND REVEGETATION			
<u>Cropland</u>			
	Top soil replaced _____	Recontoured _____	Perennial forage re-established _____

Inspector Name: BROWNING, CHUCK

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

Comment: _____

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

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

S/U/V: _____

Corrective Date: _____

Comment: _____

CA: _____