

**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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Inspection Date:
03/13/2012

Document Number:
668400027

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>BROWNING, CHUCK</u>
	<u>283070</u>	<u>334454</u>		

Operator Information:

OGCC Operator Number: <u>16800</u>	Name of Operator: <u>DELTA PETROLEUM CORPORATION</u>
Address: <u>370 17TH ST STE 4300</u>	
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80202</u>

Contact Information:

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

Compliance Summary:

QtrQtr: <u>NESW</u>	Sec: <u>35</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	200286136	PR	PR	S			N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
283070	WELL	PR	01/28/2007	GW	077-09012	VEGA FEDERAL 35-13	X
283071	WELL	PR	03/11/2008	GW	077-09013	VEGA FEDERAL 35-33	X
283072	WELL	PR	02/06/2008	GW	077-09014	VEGA FEDERAL 35-24	X
283073	WELL	PR	02/01/2011	GW	077-09015	VEGA FEDERAL 35-23	X
288665	WELL	PR	01/04/2007	LO	077-09221	VEGA FEDERAL 35-144	X
288666	WELL	PR	01/04/2007	LO	077-09220	VEGA FEDERAL 35-141	X
288667	WELL	PR	01/04/2007	LO	077-09219	VEGA FEDERAL 35-124	X
288668	WELL	PR	01/04/2007	LO	077-09218	VEGA FEDERAL 35-131	X
288669	WELL	PR	01/04/2007	LO	077-09217	VEGA FEDERAL 35-244	X
288671	WELL	PR	01/04/2007	LO	077-09216	VEGA FEDERAL 35-224	X
288673	WELL	PR	12/17/2007	GW	077-09215	VEGA FEDERAL 35-341	X
334454	LOCATION	AC	04/14/2009		-	VEGA FEDERAL-69S93W 35NESW	

Equipment:

Location Inventory

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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
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			

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

Comment: _____

Corrective Action: _____

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

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	1	Satisfactory			
Horizontal Heated Separator	4	Satisfactory			
Gas Meter Run	1	Satisfactory			
Horizontal Heated Separator	4	Satisfactory			
Horizontal Heated Separator	4	Satisfactory			

Tanks/Berms:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	3	400 BBLS	STEEL AST	39.230430,-107.739750	
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					
Venting:					
Yes/No	Comment				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 334454

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: <u>283070</u>	API Number: <u>077-09012</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>283071</u>	API Number: <u>077-09013</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>283072</u>	API Number: <u>077-09014</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>283073</u>	API Number: <u>077-09015</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>288665</u>	API Number: <u>077-09221</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>288666</u>	API Number: <u>077-09220</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>288667</u>	API Number: <u>077-09219</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>288668</u>	API Number: <u>077-09218</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>288669</u>	API Number: <u>077-09217</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>

Facility ID: <u>288671</u>	API Number: <u>077-09216</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>288673</u>	API Number: <u>077-09215</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>

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:

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? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

