Inspector Name: QUINT, CRAIG

FORM INSP Rev 05/11

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

FIELD INSPECTION FORM

DE	ET	OE	ES

Inspection Date: 08/06/2013

Document Number: 668601201

Overall Inspection: Satisfactory

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	426030	426029	QUINT, CRAIG	☐	

Operator Information:

OGCC Operator Number: 10234 Name of Operator: BAYHORSE PETROLEUM LLC

Address: 2558 E PORTSMOUTH AVE

City: SALT LAKE CITY State: UT Zip: 84121

Contact Information:

Contact Name	Phone	Email	Comment
Manikowski, Larry	801-942-5512	prmanski@gmail.com	Manager

Compliance Summary:

QtrQtr: SWSE Sec: 21 Twp: 18S Range: 47W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/22/2012	663901556	PR	PR	S	I		N
05/03/2012	664000538	PR	PR	U	F		N
11/01/2011	664000086	XX	DG	S			N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
426030	WELL	PR	11/22/2011	OW	061-06865	TRADE WINDS 2-21	☒

Equipment: Location Inventory

Special Purpose Pits:		Drilling Pits:	3	Wells:	1	Production Pits:	
Condensate Tanks:		Water Tanks:	1	Separators:	1	Electric Motors:	
Gas or Diesel Mortors:	1	Cavity Pumps:		LACT Unit:		Pump Jacks:	1
Electric Generators:		Gas Pipeline:		Oil Pipeline:		Water Pipeline:	
Gas Compressors:		VOC Combustor:		Oil Tanks:	2	Dehydrator Units:	
Multi-Well Pits:		Pigging Station:		Flare:		Fuel Tanks:	

Location

Lease Road:

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	SANDY DIRT ROAD ALONG RAILROAD TRACKS THROUGH PASTURE.		

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Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory	METAL SIGNS BY TANKS		
OTHER	Satisfactory	H2S SIGNS BY TANKS		
BATTERY	Satisfactory	LEASE SIGN BY TANKS		

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

Comment:

Corrective Action:

Spills:				
Type	Area	Volume	Corrective action	CA Date

☐ Multilple Spills and Releases?

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory	LOCATION FENCED WITH WIRE.		

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Field Flare	Satisfactory	BURNING WITH NO SMOKE.		

Predrill

Location ID: 426029

Site Preparation:

Lease Road Adeq.: Pads: Soil Stockpile:

Corrective Action: Date: CDP Num.:

Form 2A COAs:

Group	User	Comment	Date
OGLA	koepsear	In accordance with Rule 607.c., operator shall provide notice of any gas analysis indicating the presence of hydrogen sulfide on the proposed location including pipelines, production equipment and tanks. Submit notices to COGCC's area engineer, Dirk Sutphin, at dirk.sutphin@state.co.us and local government designee, Debra Lening at kiowaclerk@hotmail.comas follows: 1) Reporting of the presence of H2S in concentrations less than 10 parts per million (PPM) shall be done via verbal and email notices. Verbal notice with a follow up email shall be provided as soon as practicable upon detection of H2S to COGCC's area engineer and the local government designee. 2) All verbal and email notices shall include all of the following information: a)Well or Facility name, b)API Number or COGCC Facility Number,	10/12/2011

c)H2S concentration in PPM,

d)Date sample or measurement was collected,

e)Type of measurement or analysis (e.g., gas analysis, meter measurement, or colorimetric tube), and

f)Description of sample point.

3) Sundry Notices are required for H2S concentrations equal to or exceeding 10 PPM. Only one H2S Sundry Notice Form 4 is required per well or location following the initial H2S detection, which exceeds 10 parts per million (PPM). Subsequent H2S reporting shall be done on an annual basis and be submitted not later than January 31 for all measurements or sampling events during the prior calendar year.

4) Subsequent annual reports shall be provided in a spreadsheet and submitted to the COGCC's area engineer and/or COGCC's engineering supervisor via email.

5) Sundry Notices and annual report spreadsheets shall provide all of the following information:

a)Well or Facility name

b)API Number or COGCC Facility Number

c)H2S concentration in PPM

d)Date sample or measurement was collected

e)Type of measurement or analysis (e.g., gas analysis, meter measurement, or colorimetric tube)

f)Description of sample point

g)Absolute Open Flow Potential in cubic feet per day (CFPD) at the H2S source(s).

h)If flow is not open to the atmosphere, then state that the source is not flowing and include a description of the potential for atmospheric release and duration in which the container or pipeline would likely be opened for servicing operations.

i)Distance to the nearest occupied residence, school, church, park, school bus stop, place of business, or other areas where the public could reasonably be expected to frequent.

j)Distance to the nearest Federal, State, County, or municipal road or highway owned and principally maintained for public use.

If the operator can reasonably expect hydrogen sulfide at or above 100 parts per million (ppm) to be present on the location the operator shall follow all reporting requirements above and file a hydrogen sulfide drilling operations plan (United States Department of the Interior, Bureau of Land Management, Onshore Order No. 6, November 23, 1990) with the COGCC prior to spudding the well as described in COGCC rule 607.a.

Comment:

CA: **Date:**

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Wildlife BMPs:

Comment:

CA: **Date:**

Stormwater:

Erosion BMPs	Present	Other BMPs	Present
			`

Corrective Action: Date:

Comments: Erosion BMPs:

Other BMPs:

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:

Facility

Facility ID: 426030 Type: WELL API Number: 061-06865 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING

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:

Lat Long

DWR Receipt Num: Owner Name: GPS :

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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: RANGELAND

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? CM

CA CA Date

1003b. Area no longer in use? Pass 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? In

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

RESTORATION AND REVEGETATION

Cropland

Top soil replaced Recontoured Perennial forage re-established

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation In

1003 f. Weeds Noxious weeds? P

Comment: UNUSED AREAS OF THE LOCATION ARE PASTURE.

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

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

Final Land Use: RANGELAND
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 Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Other	Pass	Compaction	Pass	MHSP	Pass	

S/U/V: Satisfactory Corrective Date: _____

Comment: LOCATION IS COVERED WITH GRASS AND NATURAL VEGETATION.

CA: _____