

**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



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

Inspection Date:

09/05/2013

Document Number:

663902136

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>335912</u> | <u>335912</u> | <u>LONGWORTH, MIKE</u> | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 10091 Name of Operator: BERRY PETROLEUM COMPANYAddress: 1999 BROADWAY STE 3700City: DENVER State: CO Zip: 80202**Contact Information:**

| Contact Name | Phone | Email | Comment |
|-----------------|-------|----------------------------|---------|
| Freeman, Chris | | cpf@bry.com | |
| KELLERBY, SHAUN | | shaun.kellerby@state.co.us | |

Compliance Summary:QtrQtr: NWSW Sec: 35 Twp: 5S Range: 96W**Inspector Comment:**

2 conductors, cellars, and rat holes set on location. Expanded metal cover on cellars and metal lids on conductors and rat holes. Permits are current and expire 5/30/2014. Ground has settled around cellar rings. Back fill around cellars. Put up fence around cellars.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------------------------------|
| 294038 | WELL | XX | 05/08/2012 | LO | 045-15217 | CHEVRON 35-16D | <input checked="" type="checkbox"/> |
| 294039 | WELL | XX | 05/08/2012 | LO | 045-15218 | CHEVRON 35-15D | <input checked="" type="checkbox"/> |
| 294045 | WELL | XX | 05/08/2012 | LO | 045-15219 | CHEVRON 35-14D | <input checked="" type="checkbox"/> |
| 294046 | WELL | XX | 05/08/2012 | LO | 045-15220 | CHEVRON 35-13D | <input checked="" type="checkbox"/> |
| 294047 | WELL | XX | 05/08/2012 | LO | 045-15221 | CHEVRON 35-12D | <input checked="" type="checkbox"/> |
| 294048 | WELL | XX | 05/08/2012 | LO | 045-15222 | CHEVRON 35-11D | <input checked="" type="checkbox"/> |
| 294049 | WELL | XX | 05/08/2012 | LO | 045-15223 | CHEVRON 35-10D | <input checked="" type="checkbox"/> |
| 294874 | WELL | XX | 05/07/2012 | LO | 045-15623 | CHEVRON 35-9D | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

| | | | |
|-----------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: _____ | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | Electric Motors: _____ |
| Gas or Diesel Motors: _____ | 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

| | | | | |
|--------------------|-----------------------------|--|-------------------|------|
| Lease Road: | | | | |
| Type | Satisfactory/Unsatisfactory | comment | Corrective Action | Date |
| Access | Satisfactory | Weeds are being controlled and road is Satisfactory condition. | | |

| | | | | |
|----------------------|-----------------------------|---------|-------------------|---------|
| Signs/Marker: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| BATTERY | Satisfactory | | | |

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

Comment: _____

Corrective Action: _____

| | | | | |
|---------------------------|-----------------------------|--------------------|-------------------|---------|
| Good Housekeeping: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WEEDS | Satisfactory | Weeds have sprayed | | |

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

| | | | | |
|------------------|-----------------------------|----------------------------|------------------------------|------------|
| Fencing/: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | Unsatisfactory | No fencing around cellars. | Install fence around cellars | 10/09/2013 |

| | |
|-----------------|---------|
| Venting: | |
| Yes/No | Comment |
| | |

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

Predrill

Location ID: 335912

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:** _____**CA:** _____ **Date:** _____**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: 294038 Type: WELL API Number: 045-15217 Status: XX Insp. Status: ND

Facility ID: 294039 Type: WELL API Number: 045-15218 Status: XX Insp. Status: ND

Facility ID: 294045 Type: WELL API Number: 045-15219 Status: XX Insp. Status: ND

Inspector Name: LONGWORTH, MIKE

| | | | | | | | | | |
|--------------|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 294046 | Type: | WELL | API Number: | 045-15220 | Status: | XX | Insp. Status: | ND |
| Facility ID: | 294047 | Type: | WELL | API Number: | 045-15221 | Status: | XX | Insp. Status: | ND |
| Facility ID: | 294048 | Type: | WELL | API Number: | 045-15222 | Status: | XX | Insp. Status: | ND |
| Facility ID: | 294049 | Type: | WELL | API Number: | 045-15223 | Status: | XX | Insp. Status: | ND |
| Facility ID: | 294874 | Type: | WELL | API Number: | 045-15623 | Status: | XX | Insp. Status: | ND |

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 : _____

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? _____ CM _____
CA _____ CA Date _____
Waste Material Onsite? _____ CM _____
CA _____ CA Date _____
Unused or unneeded equipment onsite? _____ CM _____
CA _____ CA Date _____
Pit, cellars, rat holes and other bores closed? _____ CM _____
CA _____ CA Date _____
Guy line anchors removed? _____ CM _____
CA _____ CA Date _____

Inspector Name: LONGWORTH, MIKE

Guy line anchors marked? _____ CM _____
CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? _____

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

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: _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|-----------------------|
| Berms | Pass | Compaction | Pass | | | |
| Ditches | Pass | Ditches | Pass | | | |
| Gravel | Pass | Seeding | Pass | | | |
| Compaction | Pass | Culverts | Pass | | | |
| Seeding | Fail | Other | Pass | | | Rock socks in ditches |

Inspector Name: LONGWORTH, MIKE

S/U/V: Satisfactory Corrective Date:

Comment:

CA: