

**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 |
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Inspection Date:

09/09/2013

Document Number:

663401180

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|------------------|--------------------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection |
| | 259401 | 326617 | LABOWSKIE, STEVE | <input type="checkbox"/> |
| | | | 2A Doc Num: | |

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) 749-4238 | daniel.fauth@bp.com | Environmental Advisor (Durango) |
| Best, Julie | (970) 375-7540/ (970) 394-0131 | julie.best@bp.com | Environmental Advisor |
| Floyd, Tankard | | tankard.floyd@bp.com | |

Compliance Summary:QtrQtr: SWSE Sec: 18 Twp: 34N Range: 9W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 02/17/2010 | 200231295 | PR | PR | S | | | N |
| 11/09/2007 | 200121674 | PR | PR | S | | | N |
| 11/21/2006 | 200103084 | PR | PR | S | | P | N |
| 08/04/2005 | 200077956 | PR | PR | S | | P | N |
| 06/26/2003 | 200041343 | PR | PR | S | | P | N |
| 08/13/2002 | 200030937 | PR | PR | S | | P | N |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------------------------------|
| 259401 | WELL | PR | 02/27/2001 | GW | 067-08411 | CLARY GAS UNIT 2 | <input checked="" type="checkbox"/> |
| 412104 | WELL | XX | 07/14/2010 | LO | 067-09733 | Clary GU 4 | <input type="checkbox"/> |

Equipment:**Location Inventory**

| | | | |
|---------------------------------|-------------------------|----------------------|---------------------------|
| Special Purpose Pits: _____ | Drilling Pits: <u>1</u> | Wells: <u>2</u> | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: <u>2</u> | Separators: <u>2</u> | Electric Motors: <u>3</u> |
| Gas or Diesel Mortors: <u>2</u> | Cavity Pumps: <u>2</u> | LACT Unit: _____ | Pump Jacks: <u>2</u> |
| Electric Generators: <u>1</u> | Gas Pipeline: <u>1</u> | Oil Pipeline: _____ | Water Pipeline: <u>1</u> |
| Gas Compressors: <u>1</u> | 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: _____

| | | | | |
|---------------------------|-----------------------------|------------------------------------|-------------------|---------|
| Good Housekeeping: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| UNUSED EQUIPMENT | | flowline segment off pad NW corner | | |

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

☐ Multiple Spills and Releases?

| | | | | |
|------------------|-----------------------------|--|-------------------|---------|
| Fencing/: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Satisfactory | panels around free flowing wellhead | | |
| OTHER | Satisfactory | all equipment fenced with stock panels | | |

| | | | | | |
|---------------------------|---|-----------------------------|---------|-------------------|---------|
| Equipment: | | | | | |
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Ancillary equipment | 1 | Satisfactory | | | |
| Vertical Heated Separator | 1 | Satisfactory | | | |
| Deadman # & Marked | 4 | Satisfactory | | | |
| Flow Line | 1 | Satisfactory | | | |
| Bird Protectors | 1 | Satisfactory | | | |
| Gas Meter Run | 1 | Satisfactory | | | |

| | | | | | |
|-------------------------------|-----------------------------|-----------------------------------|---------------------|------------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| PRODUCED WATER | 1 | OTHER | PBV STEEL | 37.107230,-107.866040 | |
| S/U/V: | Satisfactory | | Comment: _____ | | |
| Corrective Action: _____ | | | | Corrective Date: _____ | |
| Paint | | | | | |
| Condition | Adequate | | | | |
| Other (Content) _____ | | | | | |
| Other (Capacity) 21 bbl _____ | | | | | |
| 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: 326617

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:

| Group | User | Comment | Date |
|-------|-----------|---|------------|
| OGLA | kubeczkod | Location is in a sensitive area because of proximity to surface water; therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations. | 08/09/2010 |
| OGLA | kubeczkod | Location is in a sensitive area because of proximity to a domestic water well and shallow groundwater; therefore production pits must be lined. | 08/09/2010 |
| OGLA | kubeczkod | Operator must implement best management practices to contain any unintentional release of fluids. | 08/09/2010 |
| OGLA | kubeczkod | Location is in a sensitive area because of proximity to a domestic water well and shallow groundwater; therefore either a lined drilling pit or closed loop system must be implemented. | 08/09/2010 |

| | | | |
|--|---------|--------------------------------------|-------------------------|
| 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): | | | |
| <u>Surface Owner Contact Information:</u> | | | |
| Name: _____ | | Address: _____ | |
| Phone Number: _____ | | Cell Phone: _____ | |
| <u>Operator Rep. Contact Information:</u> | | | |
| Landman Name: _____ | | Phone Number: _____ | |
| Date Onsite Request Received: _____ | | Date of Rule 306 Consultation: _____ | |
| Request LGD Attendance: _____ | | | |
| <u>LGD Contact Information:</u> | | | |
| Name: _____ | | Phone Number: _____ | Agreed to Attend: _____ |
| <u>Summary of Landowner Issues:</u> | | | |
| | | | |
| <u>Summary of Operator Response to Landowner Issues:</u> | | | |
| | | | |
| <u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u> | | | |
| | | | |

Facility

| | | | | |
|---------------------|------------|-----------------------|------------|------------------|
| Facility ID: 259401 | Type: WELL | API Number: 067-08411 | Status: PR | Insp. Status: PR |
|---------------------|------------|-----------------------|------------|------------------|

Producing Well

| |
|-------------|
| Comment: 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:

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: RANGELAND

Comment: _____

1003a. Debris removed? Pass CM _____
 CA _____ CA Date _____
 Waste Material Onsite? Pass CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? In 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? In Production areas stabilized ? Pass1003c. Compacted areas have been cross ripped? Pass1003d. 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? InProduction areas have been stabilized? Pass Segregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-CroplandTop soil replaced Pass Recontoured Pass 80% Revegetation In1003 f. Weeds Noxious weeds? P

Comment: ~50% vegetation cover on interim disturbance area

Inspector Name: LABOWSKIE, STEVE

Overall Interim Reclamation In Process

Final Reclamation/ Abandoned Location:

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction | Pass | Compaction | Pass | | | |
| Gravel | Pass | Gravel | Pass | | | |

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____