

**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



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

Inspection Date:

12/13/2013

Document Number:

600000420

Overall Inspection:

**Unsatisfactory****FIELD INSPECTION FORM**

|                     |               |               |                         |  |
|---------------------|---------------|---------------|-------------------------|--|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:         | On-Site Inspection                         |
|                     | <u>264608</u> | <u>333088</u> | <u>JOHNSON, RANDELL</u> | <input type="checkbox"/> 2A Doc Num: _____ |

**Operator Information:**

OGCC Operator Number:

Name of Operator: BAYSWATER EXPLORATION AND PRODUCTION LLCAddress: 730 17TH ST STE 610City: DENVER State: CO Zip: 80202☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED☒ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED**Contact Information:**

| Contact Name | Phone | Email                 | Comment    |
|--------------|-------|-----------------------|------------|
| Barbula, Don |       | dbarbula@bayswater.us |            |
| Blyth, Tom   |       | tblyth@bayswater.us   | Regulatory |

**Compliance Summary:**

| QtrQtr: <u>NESW</u> |           | Sec: <u>7</u> | Twp: <u>1S</u> | Range: <u>67W</u>            |          |                |                 |
|---------------------|-----------|---------------|----------------|------------------------------|----------|----------------|-----------------|
| Insp. Date          | Doc Num   | Insp. Type    | Insp Status    | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 10/29/2008          | 200201177 | PR            | PR             | Satisfactory                 |          |                | No              |
| 08/18/2008          | 200193863 | ES            | SI             | Unsatisfactory               |          |                | No              |
| 04/02/2003          | 200037213 | PR            | SI             | Satisfactory                 |          | Pass           | No              |

**Inspector Comment:**


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**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name    | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|
| 203277      | WELL | PR     | 02/29/2008  | OW         | 001-08786 | WIERMAN 4        | PR          |
| 264608      | WELL | PR     | 03/04/2003  | GW         | 001-09459 | STONEHOCKER 23-7 | SI          |

**Equipment:****Location Inventory**

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| 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**


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| <b>Signs/Marker:</b> |                             |   |                                       |            |
|----------------------|-----------------------------|---|---------------------------------------|------------|
| Type                 | Satisfactory/Unsatisfactory | Comment   | Corrective Action                     | CA Date    |
| TANK LABELS/PLACARDS | Unsatisfactory              | Steel production tank does not have the required contents or capacity signage                 | Install sign to comply with rule 210. | 01/13/2014 |
| BATTERY              | Satisfactory                |   |                                       |            |
| WELLHEAD             | Unsatisfactory              | Wellhead does not have the required well name, operator name or emergency contact information | Install sign to comply with rule 210. | 01/13/2014 |
| TANK LABELS/PLACARDS | Unsatisfactory              | Produced water tank does not have the required NFPA placard                                   | Install sign to comply with rule 210. | 01/13/2014 |

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

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

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

| <b>Fencing/:</b> |                             |         |                   |         |
|------------------|-----------------------------|---------|-------------------|---------|
| Type             | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| SEPARATOR        | Satisfactory                |         |                   |         |
| TANK BATTERY     | Satisfactory                |         |                   |         |
| WELLHEAD         | Satisfactory                |         |                   |         |

| <b>Equipment:</b>           |   |                             |         |                   |         |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| Type                        | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Emission Control Device     | 1 | Satisfactory                |         |                   |         |
| Plunger Lift                | 1 | Satisfactory                |         |                   |         |
| Gas Meter Run               | 1 | Satisfactory                |         |                   |         |
| Horizontal Heated Separator | 1 | Satisfactory                |         |                   |         |

|                        |                             |                                   |                     |  |  |
|------------------------|-----------------------------|-----------------------------------|---------------------|--|--|
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank |                     | Tank ID: _____                             |  |
| Contents               | #                           | Capacity                          | Type                | SE GPS                                     |  |
| OTHER                  | 1                           | OTHER                             | STEEL AST           | 39.977570,-104.933780                      |  |
| S/U/V:                 |                             |                                   | Comment:            | Contents and capacity unknown - no signage |  |
| Corrective Action:     |                             |                                   |                     | Corrective Date:                           |  |
| <u>Paint</u>           |                             |                                   |                     |  |  |
| Condition              |                             |                                   |                     |  |  |
| Other (Content) _____  |                             |                                   |                     |  |  |
| Other (Capacity) _____ |                             |                                   |                     |  |  |
| Other (Type) _____     |                             |                                   |                     |  |  |
| <u>Berms</u>           |                             |                                   |                     |  |  |
| Type                   | Capacity                    | Permeability (Wall)               | Permeability (Base) | Maintenance                                |  |
| Earth                  | Adequate                    | Walls Sufficient                  | Base Sufficient     | Adequate                                   |  |
| Corrective Action      |                             |                                   |                     | Corrective Date                            |  |
| Comment                |                             |                                   |                     |  |  |
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank |                     | Tank ID: _____                             |  |
| Contents               | #                           | Capacity                          | Type                | SE GPS                                     |  |
| PRODUCED WATER         | 1                           | 100 BBLS                          | PBV FIBERGLASS      | 39.977570,-104.933780                      |  |
| S/U/V:                 |                             |                                   | Comment:            |  |  |
| Corrective Action:     |                             |                                   |                     | Corrective Date:                           |  |
| <u>Paint</u>           |                             |                                   |                     |  |  |
| Condition              |                             |                                   |                     |  |  |
| Other (Content) _____  |                             |                                   |                     |  |  |
| Other (Capacity) _____ |                             |                                   |                     |  |  |
| Other (Type) _____     |                             |                                   |                     |  |  |
| <u>Berms</u>           |                             |                                   |                     |  |  |
| Type                   | Capacity                    | Permeability (Wall)               | Permeability (Base) | Maintenance                                |  |
| Earth                  | Adequate                    | Walls Sufficient                  | Base Sufficient     | Adequate                                   |  |
| Corrective Action      |                             |                                   |                     | Corrective Date                            |  |
| Comment                |                             |                                   |                     |  |  |
| <b>Venting:</b>        |                             |                                   |                     |  |  |
| Yes/No                 |                             | Comment                           |                     |  |  |
| NO                     |                             |                                   |                     |  |  |
| <b>Flaring:</b>        |                             |                                   |                     |  |  |
| Type                   | Satisfactory/Unsatisfactory | Comment                           | Corrective Action   | CA Date                                    |  |
|                        |                             |                                   |                     |  |  |

**Predrill**

Location ID: 264608

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

**S/U/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/U/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:****S/U/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**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:**Facility**

Facility ID: 264608 Type: WELL API Number: 001-09459 Status: PR Insp. Status: SI

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_

S/V: \_\_\_\_\_ CA Date: \_\_\_\_\_

CA: \_\_\_\_\_

Comment: Producing intermittently

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Inspector Name: JOHNSON, RANDELL

|   |  |                              |            |
|---|--|------------------------------|------------|
| Comment: <input style="width:700px" type="text"/>         |  |                              |            |
| Corrective Action: _____                                  |  | Date: _____                  |            |
| Reportable: _____   | GPS: Lat _____                                     | Long _____                   |            |
| Proximity to Surface Water: _____                         |  | Depth to Ground Water: _____ |            |
| <b>Water Well:</b>  |  |                              |            |
|   |  | Lat _____                    | Long _____ |
| DWR Receipt Num: _____                                    | Owner Name: _____                                  | GPS : _____                  |            |
| <b>Field Parameters:</b>                                  |  |                              |            |
| <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? <u>Pass</u> CM _____  |
|   | CA _____ CA Date _____  |
|   | Guy line anchors marked? _____ 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? _____   |
| 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? <u>Pass</u> |
|   | Production areas have been stabilized? <u>Pass</u> Segregated soils have been replaced? _____                               |

**RESTORATION AND REVEGETATION**

Cropland

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

Inspector Name: JOHNSON, RANDELL

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 \_\_\_\_\_

Well Release on Active Location ☐

Multi-Well Location ☐

**Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

S/U/V: Satisfactory \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

Pits: ☒ NO SURFACE INDICATION OF PIT