

**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
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Inspection Date:

05/01/2014

Document Number:

674600315

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>216251</u>	<u>333824</u>	<u>Maclaren, Joe</u>	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10000Name of Operator: BP AMERICA PRODUCTION COMPANYAddress: 501 WESTLAKE PARK BLVDCity: HOUSTON State: TX Zip: 77079

- ☐ 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
Campbell, Patti	970-335-3828	patricia.campbell@bp.com	Regulatory Analyst

Compliance Summary:QtrQtr: SWSW Sec: 5 Twp: 32N Range: 7W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/28/2006	200107747	PR	PR	SATISFACTORY		Pass	No
11/18/2003	200049705	PR	PR	SATISFACTORY		Pass	No
10/23/2002	200032269	PR	PR	SATISFACTORY		Pass	No
08/09/2000	200010294	PR	PR	SATISFACTORY		Pass	No
12/20/1999	200003238	PR	PR	SATISFACTORY		Pass	No
09/24/1998	500150320	PR	PR			Pass	No
04/04/1997	500150319	PR	PR			Pass	No
02/20/1996	500150318	PR	PR			Pass	No
06/26/1995	500150317	PR	PR				

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
213888	WELL	PR	09/03/1963	GW	067-05157	SNOOK GAS UNIT B 1	PR	<input checked="" type="checkbox"/>
216251	WELL	PR	05/22/2001	GW	067-07857	SNOOK GAS UNIT D 1	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: Maclaren, Joe

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/Action Required	Comment	Corrective Action	CA Date
BATTERY	ACTION REQUIRED	LaBaca water transfer tanks (3) have no associated signage. Picture Uploaded.	Install sign to comply with rule 210. If this facility is no longer in use, tanks can be labeled as "Empty" or "Out of Service"	06/02/2014

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	ACTION REQUIRED	Stained gravel from pumping unit exhaust. Picture Uploaded.	Remediate stained gravel and maintain consistent housekeeping practices over time.	06/02/2014

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION	SATISFACTORY	Post and Wire		
TANK BATTERY	SATISFACTORY	Post and Wire		
WELLHEAD	SATISFACTORY	Stock Panels		
WELLHEAD	SATISFACTORY	Stock Panels		
PUMP JACK	SATISFACTORY	Stock Panels		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Flow Line	2	SATISFACTORY			
Other	1	SATISFACTORY	Flowing Wellhead		

Inspector Name: Maclaren, Joe

Ancillary equipment	1	SATISFACTORY	Water transfer facility (LaBaca). Equipment consists of steel transfer pump building, water meter housing and fiberglass water line/valve housing.		
Prime Mover	1	SATISFACTORY	Natural Gas Powered		
Ancillary equipment	3	SATISFACTORY	Gas Line Risers/ Valves		
Pump Jack	1	SATISFACTORY			
Deadman # & Marked	8	SATISFACTORY			
Horizontal Heated Separator	2	SATISFACTORY			
Gas Meter Run	2	SATISFACTORY			
Ancillary equipment	4	SATISFACTORY	Water Line Valve Cans		
Ancillary equipment	1	SATISFACTORY	AC Electrical Service		
Bird Protectors	5	SATISFACTORY			
Ancillary equipment	2	SATISFACTORY	Telemetry		

Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	PBV STEEL	37.041600,-107.637470

S/A/V: SATISFACTORY Comment: 95 BBLS

Corrective Action:

Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate

Corrective Action		Corrective Date	
Comment			

Inspector Name: Maclaren, Joe

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	3		STEEL AST	37.042050,-107.638210	
S/A/V:			Comment:		
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Concrete	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No		Comment			
NO					
Flaring:					
Type	Satisfactory/Action Required		Comment	Corrective Action	CA Date

Predrill

Location ID: 216251

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/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: 213888 Type: WELL API Number: 067-05157 Status: PR Insp. Status: PR

Facility ID: 216251 Type: WELL API Number: 067-07857 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Inspector Name: Maclaren, Joe

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 _____
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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: _____

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? _____

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? Pass

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	<u>Pass</u>	Recontoured	<u>Pass</u>	80% Revegetation	<u>Pass</u>
1003 f. Weeds Noxious weeds?	<u>P</u>				
Comment:	<div></div>				
Overall Interim Reclamation	<u>Pass</u>				

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 _____
Gravel removed _____	Contoured _____
	Culverts 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 <input type="checkbox"/>
	Multi-Well Location <input type="checkbox"/>

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			
		Culverts	Pass			

Comment:

CA:

Document Num	Description	URL
674600329	Lack of Signage on LaBaca Tanks	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3334716
674600330	Stained gravel from pumping unit exhaust	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3334717