

**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:

02/12/2015

Document Number:

666800650

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	301850	383333	Murray, Richard	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10531Name of Operator: VANGUARD OPERATING LLCAddress: 5847 SAN FELIPE #3000City: HOUSTON State: TX Zip: 77057

- ☐ 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
Axelson, Aaron	970-230-0926	aaxelson@vnrlc.com	Sr. Production Foreman
Pitt, Carmen		cpitt@vnrlc.com	Sr. EH&S
Collett, Shane		scollett@vnrlc.com	Superintendent Operations
Ghan, Scott		sghan@vnrlc.com	Sr. EH&S

Compliance Summary:QtrQtr: NENE Sec: 28 Twp: 6S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
09/20/2013	670200884	PR	PR	SATISFACTORY			No
05/25/2011	200311627	PR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
301850	WELL	PR	10/31/2010	GW	045-18309	SPECIALTY 41B-28-692	PR	<input checked="" type="checkbox"/>
301851	WELL	PR	09/15/2010	GW	045-18310	SPECIALTY 32A-28-692	PR	<input checked="" type="checkbox"/>
301852	WELL	PR	10/15/2010	GW	045-18311	SPECIALTY 31D-28-692	PR	<input checked="" type="checkbox"/>
301853	WELL	PR	09/04/2014	GW	045-18312	SPECIALTY 31B-28-692	PR	<input checked="" type="checkbox"/>
301854	WELL	PR	10/13/2010	GW	045-18313	SPECIALTY 41D-28-692	PR	<input checked="" type="checkbox"/>
301855	WELL	PR	09/22/2010	GW	045-18314	SPECIALTY 32D-28-692	PR	<input checked="" type="checkbox"/>
301856	WELL	PR	10/15/2010	GW	045-18315	SPECIALTY 42C-28-692	PR	<input checked="" type="checkbox"/>
301857	WELL	PR	10/15/2010	GW	045-18316	SPECIALTY 42D-28-692	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

301877	WELL	PR	10/13/2010	GW	045-18318	SPECIALTY 42B-28-692	PR	<input checked="" type="checkbox"/>
301878	WELL	PR	09/22/2010	GW	045-18319	SPECIALTY 42A-28-692	PR	<input checked="" type="checkbox"/>
301879	WELL	PR	09/15/2010	GW	045-18320	SPECIALIST 32B-28-692	PR	<input checked="" type="checkbox"/>
301880	WELL	PR	09/22/2010	GW	045-18321	SPECIALTY 32C-28-692	PR	<input checked="" type="checkbox"/>
436478	PIT	AC	03/18/2014		-	Specialty 41A-28-692	AC	<input type="checkbox"/>

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Gas Meter Run	0	SATISFACTORY			

Venting:

Yes/No	Comment
YES	Bradenhead valves open

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 301850

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: 301850 Type: WELL API Number: 045-18309 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 301851 Type: WELL API Number: 045-18310 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 301852 Type: WELL API Number: 045-18311 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 301853	Type: WELL	API Number: 045-18312	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				

Facility ID: 301854	Type: WELL	API Number: 045-18313	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				

Facility ID: 301855	Type: WELL	API Number: 045-18314	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				

Facility ID: 301856	Type: WELL	API Number: 045-18315	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				

Facility ID: 301857	Type: WELL	API Number: 045-18316	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				

Facility ID: 301877	Type: WELL	API Number: 045-18318	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				

Facility ID: 301878	Type: WELL	API Number: 045-18319	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				

Facility ID: 301879	Type: WELL	API Number: 045-18320	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				

Facility ID: 301880	Type: WELL	API Number: 045-18321	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				

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 _____

Inspector Name: Murray, Richard

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): Y _____

Comment: _____

Pilot: ON _____ Wildlife Protection Devices (fired vessels): YES _____

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? Pass _____

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 _____

Inspector Name: Murray, Richard

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
		Check Dams	Pass			
Slope Roughening	Pass					
Seeding	Pass					
		Culverts	Pass			
Berms	Pass					
Ditches	Pass					
		Ditches	Pass			

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	436478	2223614	