

Inspector Name: Maclaren, Joe

**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:
06/15/2015Document Number:
674601962Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 289459 | 333473 | Maclaren, Joe | <input type="checkbox"/> | |

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 |
|--------------|--------------|---------------------|-----------------|
| SW, BP | | SanJuanCOGCC@bp.com | SW Insp Reports |
| Beebe, Sabre | 970-375-7530 | Sabre.Beebe@bp.com | SW Insp Reports |

Compliance Summary:QtrQtr: SWSE Sec: 32 Twp: 34N Range: 8W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 05/01/2009 | 200209643 | PR | PR | SATISFACTORY | | | No |
| 12/16/2007 | 200123509 | DG | DG | SATISFACTORY | | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 258161 | WELL | PR | 05/09/2000 | GW | 067-08329 | RONALD REA 2 | PR | <input checked="" type="checkbox"/> |
| 289459 | WELL | PR | 11/03/2007 | GW | 067-09327 | RONALD REA 4 | PR | <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 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: _____ |

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

Corrective Date: _____

Comment: _____

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Corrective Action:

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-------|------------------------------|---|-------------------|---------|
| OTHER | | Counterbalance weights stored near pump jack. | | |

Spills:

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

☐ Multiple Spills and Releases?**Fencing/:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-------|------------------------------|-----------------------------|-------------------|---------|
| OTHER | SATISFACTORY | Stock Panels/ All Equipment | | |

Equipment:

| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|--------------------|---|------------------------------|--|-------------------|---------|
| Deadman # & Marked | 4 | | Unmarked anchors observed on well pad; Locate and mark all anchors; or remove. | | |

Facilities:☐ New Tank

Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|-----------|-----------------------|
| PRODUCED WATER | 1 | OTHER | PBV STEEL | 37.143250,-107.737430 |

S/A/V: SATISFACTORY Comment: 95 BBLS/ No paint on lid

Corrective Action:

Corrective Date:

Paint

Condition

Other (Content)

Other (Capacity)

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 |
|--------|---------|
| NO | |

Flaring:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Predrill

Location ID: 289459

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: 258161 Type: WELL API Number: 067-08329 Status: PR Insp. Status: PR

Facility ID: 289459 Type: WELL API Number: 067-09327 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Environmental**Spills/Releases:**

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

Comment: _____

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| | | | |
|---|---|--|---------------------------------------|
| Corrective Action: _____ | | Date: _____ | |
| Reportable: _____ | GPS: Lat _____ | Long _____ | |
| Proximity to Surface Water: _____ | | Depth to Ground Water: _____ | |
| <u>Water Well:</u> | | | |
| DWR Receipt Num: _____ | Owner Name: _____ | GPS : _____ | Lat _____ Long _____ |
| <u>Field Parameters:</u> | | | |
| Sample Location: _____ | | | |
| Emission Control Burner (ECB): _____ | | | |
| Comment: _____ | | | |
| Pilot: _____ | | Wildlife Protection Devices (fired vessels): _____ | |
| Reclamation - Storm Water - Pit | | | |
| <u>Interim Reclamation:</u> | | | |
| Date Interim Reclamation Started: _____ | | Date Interim Reclamation Completed: _____ | |
| Land Use: _____ | | | |
| Comment: Weeds are starting to mature (few thistles) around the perimeter of the well pad. | | | |
| 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? _____ CM _____ | CA _____ CA Date _____ | |
| | Guy line anchors marked? <u>In</u> CM _____ | CA _____ CA Date _____ | |
| 1003b. | Area no longer in use? _____ | Production areas stabilized ? <u>Pass</u> | |
| 1003c. | Compacted areas have been cross ripped? _____ | | |
| 1003d. | Drilling pit closed? <u>Pass</u> | 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? <u>Pass</u> | Segregated soils have been replaced? _____ | |
| RESTORATION AND REVEGETATION | | | |
| <u>Cropland</u> | | | |
| | Top soil replaced _____ | Recontoured _____ | Perennial forage re-established _____ |
| <u>Non-Cropland</u> | | | |

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Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ I _____

Comment: _____

Overall Interim Reclamation In Process

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

S/A/V: _____ Corrective Date: _____

Comment: The base of the cut slope is undergoing erosion; some sediment migration onto pad taking place behind equipment; Impliment BMP's as needed.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT