

Inspector Name: Welsh, Brian

**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

Inspection Date:

01/15/2016

Document Number:

679900976

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|-----------------|---|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection <input type="checkbox"/> |
| | 213004 | 324831 | Welsh, Brian | 2A Doc Num: _____ |

Operator Information:OGCC Operator Number: 8005Name of Operator: BERRY ENERGY INC*WALTERAddress: 1717 WASHINGTON AVECity: GOLDEN State: CO Zip: 80401-

- ☐ 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 |
|---------------|--------------------|-------------------------|---------|
| Dennis, Penny | 303-279-0190/66190 | berryenergy@comcast.net | |

Compliance Summary:QtrQtr: NWNW Sec: 6 Twp: 19S Range: 50W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 08/26/2014 | 673501609 | PR | PR | ACTION REQUIRED | | | No |
| 10/13/2010 | 200278601 | PR | PR | ACTION REQUIRED | | | Yes |
| 02/10/2010 | 200231094 | PR | PR | SATISFACTORY | | | No |
| 01/04/2008 | 200124911 | PR | PR | SATISFACTORY | | | No |
| 07/05/2007 | 200114218 | PR | PR | ACTION REQUIRED | | Fail | Yes |
| 05/26/2006 | 200094039 | PR | PR | SATISFACTORY | | Pass | No |
| 11/08/2000 | 200012787 | PR | PR | SATISFACTORY | I | Pass | No |
| 01/12/1999 | 500145089 | PR | PR | | | Fail | Yes |
| 08/23/1997 | 500145088 | PR | PR | | | Pass | No |
| 10/24/1996 | 500145087 | PR | PR | | | Fail | Yes |
| 02/02/1996 | 500145084 | PR | PR | | | Pass | Yes |
| 11/16/1994 | 500145083 | | PR | | | | |

Inspector Comment:**SUBMIT PRODUCTION REPORTS****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|--|
| 100867 | PIT | | 09/23/1999 | | - | FRAZEE 2-6 | <input type="checkbox"/> |
| 213004 | WELL | PR | 02/14/2007 | OW | 061-06365 | FRAZEE 2-6 | PR <input checked="" type="checkbox"/> |

Equipment:Location Inventory

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| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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

Lease Road:

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|--------|------------------------------|---------------------------|-------------------|------|
| Access | SATISFACTORY | Dirt road through pasture | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------------------|------------------------------|---|-------------------|---------|
| TANK LABELS/PLACARDS | SATISFACTORY | Stickers on tanks. NFPA label needs replaced on 210bbl tank | | |
| WELLHEAD | SATISFACTORY | Lease sign mounted to fence at unit | | |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-----------------|------------------------------|---|-------------------|---------|
| STORAGE OF SUPL | SATISFACTORY | Pasture used as storage for unused equipment. Permission granted by landowner for equipment storage | | |

Spills:

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

☐ Multiple Spills and Releases?

Fencing/:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|--------------|------------------------------|--|-------------------|---------|
| PUMP JACK | SATISFACTORY | Wire fence around unit and wellhead | | |
| SEPARATOR | SATISFACTORY | Wire fence around separator and meter shed | | |
| TANK BATTERY | SATISFACTORY | Wire fence around tank battery | | |

| | | | |
|-------------------------------|--|-------------------------------|--------------|
| Equipment: | | | |
| Type: Ancillary equipment | # 4 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | Gas scrubber, day drum, cathodic generator and rectifier | | |
| Corrective Action | | Date: | |
| Type: Pump Jack | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | CMI unit | | |
| Corrective Action | | Date: | |
| Type: Vertical Heater Treater | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | Date: | |
| Type: Prime Mover | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | Arrow gas engine | | |
| Corrective Action | | Date: | |
| Type: Gas Meter Run | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | Date: | |

| | | | |
|--------------------|---|-----------------------------------|------------------|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ |
| Contents | # | Capacity | Type |
| PRODUCED WATER | 1 | OTHER | Open Top |
| S/AR SATISFACTORY | | Comment: | |
| Corrective Action: | | | Corrective Date: |

| | |
|------------------|----------|
| Paint | |
| Condition | |
| Other (Content) | |
| Other (Capacity) | 250bbbls |
| Other (Type) | |

| | | | | |
|-------------------|--------------|---------------------|---------------------|-----------------|
| Berms | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |
| Corrective Action | | | | Corrective Date |
| Comment | Shared berms | | | |

| | | | |
|--------------------|---|-----------------------------------|------------------|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ |
| Contents | # | Capacity | Type |
| PRODUCED WATER | 1 | OTHER | FIBERGLASS AST |
| S/AR SATISFACTORY | | Comment: | |
| Corrective Action: | | | Corrective Date: |

| | |
|-----------------|--|
| Paint | |
| Condition | |
| Other (Content) | |

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Other (Capacity) 210bbls

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 | NO |
| Comment | |

Flaring:

| | | | |
|--------------------|--|------------------------------|--|
| Type | | Satisfactory/Action Required | |
| Comment: | | | |
| Corrective Action: | | Correct Action Date: | |

Predrill

Location ID: 213004

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:

S/AR: SATISFACTORY

Comment: No COAs

CA: _____ Date: _____

Wildlife BMPs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

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: 213004 Type: WELL API Number: 061-06365 Status: PR Insp. Status: PR

Producing Well

Comment: Producing

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: _____

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Water Well:

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

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. Waste and Debris removed? 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 marked? _____

CM _____

CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

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? _____

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: _____

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Overall Interim Reclamation _____

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

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT