

**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:

05/25/2016

Document Number:

666802199

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 278954      | 335440 | 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                |
|-----------------|--------------|--------------------|------------------------|
| Ghan, Scott     |              | sghan@vnrlc.com    | Sr. EH&S               |
| Axelsson, Aaron | 970-230-0926 | aaxelson@vnrlc.com | Sr. Production Foreman |

**Compliance Summary:**QtrQtr: NENW Sec: 27 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/19/2011 | 200314128 | PR         | PR          | SATISFACTORY                  |          |                | Yes             |
| 05/05/2009 | 200212623 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 02/01/2008 | 200125700 | PR         | PR          | ACTION REQUIRED               |          |                | No              |
| 11/19/2007 | 200122646 | CO         | PR          | SATISFACTORY                  | I        |                | No              |
| 03/08/2006 | 200088746 | PR         | WO          | SATISFACTORY                  |          | Pass           | No              |
| 12/08/2005 | 200086788 | CO         | WO          | SATISFACTORY                  |          | Pass           | No              |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name        | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|----------------------|-------------|-------------------------------------|
| 278953      | WELL | PR     | 07/25/2005  | GW         | 045-10961 | STRANAHAN 21D-27-692 | PR          | <input checked="" type="checkbox"/> |
| 278954      | WELL | PR     | 12/20/2005  | GW         | 045-10960 | STRANAHAN 21B-27-692 | PR          | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

Inspector Name: Murray, Richard

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

#### Signs/Marker:

| Type    | Satisfactory/Action Required | Comment              | Corrective Action | CA Date |
|---------|------------------------------|----------------------|-------------------|---------|
| BATTERY | SATISFACTORY                 | AIRS ID 045-1038-001 |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY

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

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

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

#### Good Housekeeping:

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

#### Spills:

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

☐ Multiple Spills and Releases?

#### Fencing/:

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

#### Equipment:

|                               |                           |  |
|-------------------------------|---------------------------|--|
| Type: Ancillary equipment     | # 1                       | Satisfactory/Action Required: SATISFACTORY |
| Comment                       | Chemical unit at wellhead |  |
| Corrective Action             |                           | Date: _____                                |
| Type: Emission Control Device | # 1                       | Satisfactory/Action Required: SATISFACTORY |
| Comment                       |                           |  |
| Corrective Action             |                           | Date: _____                                |
| Type: Plunger Lift            | # 2                       | Satisfactory/Action Required: SATISFACTORY |
| Comment                       |                           |  |
| Corrective Action             |                           | Date: _____                                |

Inspector Name: Murray, Richard

|                                   |     |  |
|-----------------------------------|-----|--|
| Type: Horizontal Heated Separator | # 2 | Satisfactory/Action Required: SATISFACTORY |
| Comment                           |     |  |
| Corrective Action                 |     | Date:                                      |

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

| Contents   | # | Capacity | Type      | SE GPS                |
|------------|---|----------|-----------|-----------------------|
| CONDENSATE | 3 | 200 BBLS | STEEL AST | 39.505054,-107.655219 |

|                    |              |                  |  |
|--------------------|--------------|------------------|--|
| S/AR               | SATISFACTORY | Comment:         |  |
| Corrective Action: |              | Corrective Date: |  |

Paint

|                        |          |
|------------------------|----------|
| Condition              | Adequate |
| Other (Content) _____  |          |
| Other (Capacity) _____ |          |
| Other (Type) _____     |          |

Berms

| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |
|-------------------|----------|---------------------|---------------------|-----------------|
| Earth             | Adequate | Walls Sufficient    | Base Sufficient     | Adequate        |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           |          |                     |                     |                 |

Venting:

|         |                        |
|---------|------------------------|
| Yes/No  | YES                    |
| Comment | Bradenhead valves open |

Flaring:

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

**Predrill**

Location ID: 278954

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

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

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

**S/AR:** \_\_\_\_\_

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

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

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

**Form 2A COAs:****S/AR:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**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: 278953 Type: WELL API Number: 045-10961 Status: PR Insp. Status: PR

**Producing Well**Comment: **Plunger lift**

Facility ID: 278954 Type: WELL API Number: 045-10960 Status: PR Insp. Status: PR

**Producing Well**Comment: **Plunger lift****Environmental****Spills/Releases:**

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

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

Inspector Name: Murray, Richard

|  |  |                              |             |
|--|--|------------------------------|-------------|
| Corrective Action: _____               |  | Date: _____                  |             |
| Reportable: _____                      | GPS: Lat _____   | Long _____                   |             |
| Proximity to Surface Water: _____      |  | Depth to Ground Water: _____ |             |
| <b>Water Well:</b>                     |  |                              |             |
| DWR Receipt Num: _____                 |  | Owner Name: _____            | GPS : _____ |
| <b>Field Parameters:</b>               |  |                              |             |
|  |  |                              |             |
| 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. Waste and Debris removed? <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 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

Inspector Name: Murray, Richard

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

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

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Seeding          | Pass            |                         |                       |               |                          |         |
| Rip Rap          | Pass            |                         |                       |               |                          |         |
| Sediment Traps   | Pass            |                         |                       |               |                          |         |
|                  |                 | Culverts                | Pass                  |               |                          |         |
|                  |                 | Ditches                 | Pass                  |               |                          |         |
|                  |                 | Gravel                  | Pass                  |               |                          |         |
| Ditches          | Pass            |                         |                       |               |                          |         |

S/A/V: SATISFACTOR  
Y

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

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

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

**Pits:** ☒ NO SURFACE INDICATION OF PIT