

**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:

07/14/2016

Document Number:

685300936

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 89111 | 333467 | St John, William (Cal) | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 10000Name of Operator: BP AMERICA PRODUCTION COMPANYAddress: 380 AIRPORT RDCity: DURANGO State: CO Zip: 81303

- ☐ 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 |
|------------------|--------------|-----------------------------|-----------------------|
| Inspections, All | | SanJuanCOGCC@bp.com | SW Inspection Reports |
| Beebe, Sabre | 970-375-7530 | Sabre.Beebe@bp.com | SW Inspection Reports |
| Labowskie, Steve | | steve.labowskie@state.co.us | COGCC |

Compliance Summary:QtrQtr: NENE Sec: 23 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 03/07/2011 | 200305105 | PR | PR | SATISFACTORY | | | No |
| 12/19/2008 | 200200792 | PR | PR | SATISFACTORY | | | No |
| 07/13/2006 | 200100131 | PR | PR | SATISFACTORY | | Pass | No |
| 07/12/2006 | 200100129 | PR | PR | SATISFACTORY | | Pass | No |
| 03/08/2005 | 200069272 | PR | PR | SATISFACTORY | | Pass | No |
| 06/17/2003 | 200041231 | PR | PR | SATISFACTORY | | Pass | No |
| 09/18/2000 | 200010407 | ES | ND | SATISFACTORY | | Pass | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|-------------------------------------|
| 89111 | WELL | PR | 10/18/2001 | GW | 067-08215 | TAYLOR 21-23 2 | PR | <input checked="" type="checkbox"/> |
| 215243 | WELL | AL | 03/25/1986 | LO | 067-06848 | MASON ARTHUR A 1 | AL | <input type="checkbox"/> |
| 289952 | WELL | PR | 03/30/2007 | GW | 067-09342 | TAYLOR 21-23 4 | PR | <input checked="" type="checkbox"/> |
| 412118 | WELL | AL | 09/11/2013 | LO | 067-09736 | TAYLOR GU 21-23 3 | AL | <input type="checkbox"/> |

Equipment:**Location Inventory**

Inspector Name: St John, William (Cal)

| | | | |
|---------------------------------|-------------------------|----------------------|---------------------------|
| Special Purpose Pits: _____ | Drilling Pits: <u>1</u> | Wells: <u>3</u> | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: <u>1</u> | Separators: <u>3</u> | Electric Motors: <u>4</u> |
| Gas or Diesel Mortors: <u>3</u> | Cavity Pumps: <u>3</u> | LACT Unit: _____ | Pump Jacks: <u>3</u> |
| Electric Generators: <u>1</u> | Gas Pipeline: <u>1</u> | Oil Pipeline: _____ | Water Pipeline: <u>1</u> |
| Gas Compressors: <u>1</u> | 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 | | | |

| | | | | |
|----------------------|------------------------------|---------|-------------------|---------|
| Signs/Marker: | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD | SATISFACTORY | | | |
| TANK LABELS/PLACARDS | SATISFACTORY | | | |

| | |
|--|------------------------|
| Emergency Contact Number (S/AR): <u>SATISFACTORY</u> | Corrective Date: _____ |
| Comment: _____ | |
| Corrective Action: _____ | |

| | | | | |
|---------------------------|------------------------------|---------|-------------------|---------|
| Good Housekeeping: | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| | | | | |
| | | | | |

| | | | | |
|--|------|--------|-------------------|---------|
| Spills: | | | | |
| Type | Area | Volume | Corrective action | CA Date |
| | | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| | | | | |
|------------------|------------------------------|---|-------------------|---------|
| Fencing/: | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| SEPARATOR | SATISFACTORY | Panel - Includes Produced Water Tank and Gas Meter Run. | | |
| WELLHEAD | SATISFACTORY | Panel | | |

| | | | | |
|-----------------------|-----|-------------------------------|--------------|-------|
| Equipment: | | | | |
| Type: Flow Line | # 2 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |
| Corrective Action | | | | Date: |
| Type: Bird Protectors | # 1 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |
| Corrective Action | | | | Date: |
| Type: Gas Meter Run | # 2 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |

Inspector Name: St John, William (Cal)

| | | | |
|---------------------------------|-----|---|--------------|
| Corrective Action | | Date: | |
| Type: Ancillary equipment | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | Telemetry Equipment | |
| Corrective Action | | Date: | |
| Type: Ancillary equipment | # 2 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | Wellhead | |
| Corrective Action | | Date: | |
| Type: Vertical Heated Separator | # 2 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | Date: | |
| Type: Other | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | Chemical Tank and Pump on Secondary Containment | |
| Corrective Action | | Date: | |

Facilities:☐ New Tank

Tank ID: _____

| | | | | |
|--------------------|--------------|----------|-----------|------------------|
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 1 | OTHER | PBV STEEL | , |
| S/AR | SATISFACTORY | | Comment: | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) 95 BBLS _____

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 | NO |
| Comment | |

Flaring:

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

Predrill

Location ID: 89111

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

| Group | User | Comment | Date |
|--------|-----------|---|------------|
| Agency | kubeczkod | Operator must implement best management practices to contain any unintentional release of fluids. | 04/26/2010 |
| Agency | kertr | Operator will comply with proposed BP/CDOW wildlife mitigation plan. | 04/28/2010 |
| Agency | kubeczkod | Location is in a sensitive area because of shallow groundwater; therefore either a lined drilling pit or closed loop system must be implemented. | 04/26/2010 |
| Agency | kubeczkod | Location is in a sensitive area because of proximity to surface water; therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations. | 04/26/2010 |

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: 89111 Type: WELL API Number: 067-08215 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 289952 Type: WELL API Number: 067-09342 Status: PR Insp. Status: PR

Producing WellComment: **PR****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:

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: IRRIGATED

Comment: _____

1003a. Waste and Debris removed? _____

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____

CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____

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? _____

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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 _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: IRRIGATED _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Berms | Pass | Compaction | Pass | MHSP | Pass | |
| Gravel | Pass | Gravel | Pass | | | |
| Compaction | Pass | Culverts | Pass | | | |

S/A/V: SATISFACTOR Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Attached Documents

Inspector Name: St John, William (Cal)

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|---------------------|---|
| 685300936 | INSPECTION APPROVED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3905173 |