

**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:

08/01/2016

Document Number:

685301061

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                        |                          |             |
|---------------------|-------------|--------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name:        | On-Site Inspection       | 2A Doc Num: |
|                     | 213888      | 333824 | 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               |
|------------------|--------------|-----------------------------|-----------------------|
| Beebe, Sabre     | 970-375-7530 | Sabre.Beebe@bp.com          | SW Inspection Reports |
| Inspections, All |              | SanJuanCOGCC@bp.com         | SW Inspection Reports |
| Labowskie, Steve |              | steve.labowskie@state.co.us | COGCC                 |

**Compliance Summary:**QtrQtr: SWSW Sec: 5 Twp: 32N Range: 7W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 11/28/2006 | 200107740 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 11/18/2003 | 200049703 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 10/22/2002 | 200032265 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 08/08/2000 | 200010112 | ID         | SI          | SATISFACTORY                  |          | Pass           | No              |
| 12/20/1999 | 200003233 | ID         | SI          | SATISFACTORY                  |          | Pass           | No              |
| 09/18/1998 | 500146381 | ID         | SI          |                               |          | Pass           | No              |
| 02/10/1997 | 500146380 | PR         | SI          |                               |          | Pass           | No              |
| 02/20/1996 | 500146379 | PR         | PR          |                               |          | Pass           | No              |
| 06/23/1995 | 500146378 | ID         | SI          |                               |          |                | No              |

**Inspector Comment:**

This is a location equipment and storm water inspection. Any corrective actions from previous inspections that have not been addressed are still applicable.

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 213888      | WELL | PR     | 09/03/1963  | GW         | 067-05157 | SNOOK B 1     | PR          | <input checked="" type="checkbox"/> |
| 216251      | WELL | PR     | 05/22/2001  | GW         | 067-07857 | SNOOK D 1     | PR          | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

Inspector Name: St John, William (Cal)

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

**Signs/Marker:**

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

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 |
|-----------|------------------------------|-----------------------------|-------------------|---------|
| SEPARATOR | SATISFACTORY                 | Panel                       |                   |         |
| OTHER     | SATISFACTORY                 | Panel - Riser and Valve Set |                   |         |
| PUMP JACK | SATISFACTORY                 | Steel Mesh Safety Barrier   |                   |         |
| WELLHEAD  | SATISFACTORY                 | Panel                       |                   |         |

**Equipment:**

|                     |       |  |
|---------------------|-------|--|
| Type: Gas Meter Run | # 2   | Satisfactory/Action Required: SATISFACTORY |
| Comment             |       |  |
| Corrective Action   | Date: |  |
| Type: Pump Jack     | # 1   | Satisfactory/Action Required: SATISFACTORY |
| Comment             |       |  |
| Corrective Action   | Date: |  |

Inspector Name: St John, William (Cal)

|   |     |                               |              |
|---|-----|-------------------------------|--------------|
| Type: Prime Mover                                     | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment <b>Natural Gas Motor</b>                      |     |                               |              |
| Corrective Action                                     |     |                               | Date:        |
| Type: Ancillary equipment                             | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment <b>Lube oil tank on secondary containment</b> |     |                               |              |
| Corrective Action                                     |     |                               | Date:        |
| Type: Flow Line                                       | # 2 | Satisfactory/Action Required: | SATISFACTORY |
| Comment   |     |                               |              |
| Corrective Action                                     |     |                               | Date:        |
| Type: Ancillary equipment                             | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment <b>Wellhead</b>                               |     |                               |              |
| Corrective Action                                     |     |                               | Date:        |
| Type: Deadman # & Marked                              | # 8 | Satisfactory/Action Required: | SATISFACTORY |
| Comment   |     |                               |              |
| Corrective Action                                     |     |                               | Date:        |
| Type: Bird Protectors                                 | # 2 | Satisfactory/Action Required: | SATISFACTORY |
| Comment   |     |                               |              |
| Corrective Action                                     |     |                               | Date:        |
| Type: Ancillary equipment                             | # 2 | Satisfactory/Action Required: | SATISFACTORY |
| Comment <b>Telemetry Equipment</b>                    |     |                               |              |
| Corrective Action                                     |     |                               | Date:        |
| Type: Horizontal Heated Separator                     | # 2 | Satisfactory/Action Required: | SATISFACTORY |
| Comment   |     |                               |              |
| Corrective Action                                     |     |                               | Date:        |
| Type: Other   | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment <b>Riser and Valve Set</b>                    |     |                               |              |
| Corrective Action                                     |     |                               | Date:        |

|                                |          |                                   |                  |
|--------------------------------|----------|-----------------------------------|------------------|
| <b>Facilities:</b>             |          | <input type="checkbox"/> New Tank | Tank ID: _____   |
| Contents                       | #        | Capacity                          | Type             |
| PRODUCED WATER                 | 1        | OTHER                             | PBV STEEL        |
| S/AR SATISFACTORY              |          | Comment:                          |                  |
| Corrective Action:             |          |                                   | Corrective Date: |
| <u>Paint</u>                   |          |                                   |                  |
| Condition                      | Adequate |                                   |                  |
| Other (Content) _____          |          |                                   |                  |
| Other (Capacity) 95 BBLS _____ |          |                                   |                  |
| Other (Type) _____             |          |                                   |                  |
| <u>Berms</u>                   |          |                                   |                  |

Inspector Name: St John, William (Cal)

|                   |          |                     |                     |             |                 |
|-------------------|----------|---------------------|---------------------|-------------|-----------------|
| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |                 |
| Earth             | 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: 213888

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: 213888 Type: WELL API Number: 067-05157 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

Facility ID: 216251 Type: WELL API Number: 067-07857 Status: PR Insp. Status: PR

**Producing Well**

Comment: 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:

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? \_\_\_\_\_

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: \_\_\_\_\_

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |
| Compaction       | Pass            | Compaction              | Pass                  | MHSP          | Pass                     |         |

Inspector Name: St John, William (Cal)

S/A/V: SATISFACTOR      Corrective Date: \_\_\_\_\_  
Y \_\_\_\_\_

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

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

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

### **Attached Documents**

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

| Document Num | Description         | URL   |
|--------------|---------------------|---|
| 685301061    | INSPECTION APPROVED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3917669">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3917669</a> |