

**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:

08/09/2016

Document Number:

666802470

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 414808      | 414794 | 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                |
|----------------|--------------|--------------------|------------------------|
| Axelson, Aaron | 970-230-0926 | aaxelson@vnrlc.com | Sr. Production Foreman |
| Ghan, Scott    |              | sghan@vnrlc.com    | Sr. EH&S               |

**Compliance Summary:**QtrQtr: NWNW Sec: 33 Twp: 6S Range: 91W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 03/17/2011 | 200306932 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 03/25/2010 | 200238934 | OI         | WO          | SATISFACTORY                  |          |                | No              |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name      | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|-------------------------------------|
| 414742      | WELL | PR     | 12/30/2010  | GW         | 045-18873 | GGU FED 41D-32-691 | PR          | <input checked="" type="checkbox"/> |
| 414757      | WELL | PR     | 11/11/2010  | GW         | 045-18882 | GGU FED 44A-29-691 | PR          | <input checked="" type="checkbox"/> |
| 414762      | WELL | PR     | 11/11/2010  | GW         | 045-18885 | GGU FED 21C-33-691 | PR          | <input checked="" type="checkbox"/> |
| 414770      | WELL | PR     | 12/30/2010  | GW         | 045-18893 | GGU FED 11B-33-691 | PR          | <input checked="" type="checkbox"/> |
| 414782      | WELL | PR     | 12/01/2010  | GW         | 045-18900 | GGU FED 21B-33-691 | PR          | <input checked="" type="checkbox"/> |
| 414792      | WELL | PR     | 11/11/2010  | GW         | 045-18907 | GGU FED 44B-29-691 | PR          | <input checked="" type="checkbox"/> |
| 414795      | WELL | PR     | 12/01/2010  | GW         | 045-18909 | GGU FED 21A-33-691 | PR          | <input checked="" type="checkbox"/> |
| 414796      | WELL | PR     | 12/01/2010  | GW         | 045-18910 | GGU FED 41B-32-691 | PR          | <input checked="" type="checkbox"/> |
| 414800      | WELL | PR     | 11/11/2010  | GW         | 045-18912 | GGU FED 14B-28-691 | PR          | <input checked="" type="checkbox"/> |

Inspector Name: Murray, Richard

|        |      |    |            |    |           |                    |    |                                     |
|--------|------|----|------------|----|-----------|--------------------|----|-------------------------------------|
| 414801 | WELL | PR | 12/30/2010 | GW | 045-18913 | GGU FED 41C-32-691 | PR | <input checked="" type="checkbox"/> |
| 414804 | WELL | PR | 12/01/2010 | GW | 045-18915 | GGU FED 11A-33-691 | PR | <input checked="" type="checkbox"/> |
| 414808 | WELL | PR | 12/09/2014 | GW | 045-18918 | GGU FED 11C-33-691 | PR | <input checked="" type="checkbox"/> |
| 414825 | WELL | PR | 11/11/2010 | GW | 045-18923 | GGU FED 21D-33-691 | PR | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

|                             |                         |                        |                          |
|-----------------------------|-------------------------|------------------------|--------------------------|
| Special Purpose Pits: _____ | Drilling Pits: <u>1</u> | Wells: <u>13</u>       | Production Pits: _____   |
| Condensate Tanks: <u>6</u>  | Water Tanks: <u>4</u>   | Separators: <u>13</u>  | Electric Motors: _____   |
| Gas or Diesel Motors: _____ | Cavity Pumps: _____     | LACT Unit: _____       | Pump Jacks: _____        |
| Electric Generators: _____  | Gas Pipeline: <u>1</u>  | Oil Pipeline: <u>1</u> | Water Pipeline: <u>1</u> |
| Gas Compressors: _____      | VOC Combustor: <u>2</u> | Oil Tanks: _____       | Dehydrator Units: _____  |
| Multi-Well Pits: _____      | Pigging Station: _____  | Flare: _____           | Fuel Tanks: _____        |

**Location****Signs/Marker:**

| Type       | Satisfactory/Action Required | Comment              | Corrective Action | CA Date |
|------------|------------------------------|----------------------|-------------------|---------|
| CONTAINERS | SATISFACTORY                 |                      |                   |         |
| BATTERY    | SATISFACTORY                 | AIRS ID 045-2124-001 |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY

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

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

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

**Spills:**

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

☐ Multiple Spills and Releases?**Equipment:**

|                               |                                |                               |              |
|-------------------------------|--------------------------------|-------------------------------|--------------|
| Type: Emission Control Device | # 1                            | Satisfactory/Action Required: | SATISFACTORY |
| Comment                       |                                |                               |              |
| Corrective Action             | Date:                          |                               |              |
| Type: Gas Meter Run           | # 13                           | Satisfactory/Action Required: | SATISFACTORY |
| Comment                       |                                |                               |              |
| Corrective Action             | Date:                          |                               |              |
| Type: Ancillary equipment     | # 4                            | Satisfactory/Action Required: | SATISFACTORY |
| Comment                       | Chemical unit at gas meter run |                               |              |
| Corrective Action             | Date:                          |                               |              |
| Type: Compressor              | # 1                            | Satisfactory/Action Required: | SATISFACTORY |
| Comment                       |                                |                               |              |
| Corrective Action             | Date:                          |                               |              |

Inspector Name: Murray, Richard

|                          |      |  |
|--------------------------|------|--|
| Type: Plunger Lift       | # 13 | Satisfactory/Action Required: SATISFACTORY |
| Comment                  |      |  |
| Corrective Action        |      | Date:                                      |
| Type: Vertical Separator | # 1  | Satisfactory/Action Required: SATISFACTORY |
| Comment                  |      |  |
| Corrective Action        |      | Date:                                      |

|                           |              |                                   |                  |
|---------------------------|--------------|-----------------------------------|------------------|
| <b>Tanks and Berms:</b>   |              | <input type="checkbox"/> New Tank | Tank ID: _____   |
| Contents                  | #            | Capacity                          | Type             |
| METHANOL                  | 1            | OTHER                             | STEEL AST        |
| S/AR                      | SATISFACTORY |                                   |                  |
| Comment: At gas meter run |              |                                   |                  |
| Corrective Action:        |              |                                   | Corrective Date: |

Paint

|                         |          |
|-------------------------|----------|
| Condition               | Adequate |
| Other (Content) _____   |          |
| Other (Capacity) 500gal |          |
| Other (Type) _____      |          |

Berms

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

|                         |              |                                   |                  |
|-------------------------|--------------|-----------------------------------|------------------|
| <b>Tanks and Berms:</b> |              | <input type="checkbox"/> New Tank | Tank ID: _____   |
| Contents                | #            | Capacity                          | Type             |
| LUBE OIL                | 1            | OTHER                             | STEEL AST        |
| S/AR                    | SATISFACTORY |                                   |                  |
| Comment: At compressor  |              |                                   |                  |
| Corrective Action:      |              |                                   | Corrective Date: |

Paint

|                         |          |
|-------------------------|----------|
| Condition               | Adequate |
| Other (Content) _____   |          |
| Other (Capacity) 500gal |          |
| Other (Type) _____      |          |

Berms

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

|   |              |                                   |                |
|---|--------------|-----------------------------------|----------------|
| <b>Tanks and Berms:</b>                       |              | <input type="checkbox"/> New Tank | Tank ID: _____ |
| Contents                                      | #            | Capacity                          | Type           |
| PRODUCED WATER                                | 1            | 100 BBLS                          | STEEL AST      |
| S/AR  | SATISFACTORY |                                   |                |
| Comment: Hooked up to bradenheads at wellhead |              |                                   |                |

Inspector Name: Murray, Richard

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

**Tanks and Berms:**

☐ New Tank

Tank ID: \_\_\_\_\_

| Contents   | # | Capacity | Type      | SE GPS                |
|------------|---|----------|-----------|-----------------------|
| CONDENSATE | 6 | 500 BBLS | STEEL AST | 39.490545,-107.567633 |

|      |              |          |  |
|------|--------------|----------|--|
| 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 |
|-------|----------|---------------------|---------------------|-------------|
| Metal | Adequate | Walls Sufficient    | Base Sufficient     | Adequate    |

|                   |  |                 |  |
|-------------------|--|-----------------|--|
| Corrective Action |  | Corrective Date |  |
|-------------------|--|-----------------|--|

|         |  |
|---------|--|
| Comment |  |
|---------|--|

**Venting:**

|        |     |
|--------|-----|
| Yes/No | YES |
|--------|-----|

|         |                       |
|---------|-----------------------|
| Comment | Bradenhead valve open |
|---------|-----------------------|

**Flaring:**

|      |  |                              |  |
|------|--|------------------------------|--|
| Type |  | Satisfactory/Action Required |  |
|------|--|------------------------------|--|

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

|                    |  |                      |  |
|--------------------|--|----------------------|--|
| Corrective Action: |  | Correct Action Date: |  |
|--------------------|--|----------------------|--|

**Predrill**

Location ID: 414808

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.  | 12/03/2009 |
| Agency | kubeczkod | Location may be in a sensitive area due to shallow groundwater; therefore if drilling pits intercept groundwater the pit must be lined or a closed loop system must be used. | 12/03/2009 |

**S/AR:** SATISFACTORY**Comment:****CA:****Date:****Wildlife BMPs:**

| BMP Type      | Comment  |
|---------------|--|
| PROPOSED BMPs | <p>STORM WATER BEST MANAGEMENT PRACTICES</p> <p>BILL BARRETT CORPORATION</p> <p>GENERAL BMPs</p> <ul style="list-style-type: none"> <li>• Utilize diking and other forms of containment and diversions around tanks, drums, chemicals, liquids, pits, and impoundments.</li> <li>• Use drip pans, sumps, or liners where appropriate.</li> <li>• Limit the amount of land disturbed during construction of pad, access road, and facilities.</li> <li>• Employ spill response plan for all facilities.</li> <li>• Dispose properly offsite any wastes, fluids and other materials.</li> </ul> <p>MATERIAL HANDLING, ACTIVITIES, PRACTICES AND STORM WATER</p> <p>DIVERSION</p> <p>Secondary containment of tanks, drums, and storage areas is mandatory to prohibit discharges to surface waters. A minimum of 110% capacity required of largest storage within containment area.</p> <p>Material handling and spill prevention procedures and practices will be followed to prohibit discharges to surface waters.</p> <p>Proper loading, unloading and transportation procedures to be followed for all materials to and from location.</p> <p>EROSION CONTROL</p> <p>Pad and access road to be designed to minimize erosion.</p> <p>Pad and access road to implement appropriate erosion control devices where necessary to minimize erosion.</p> <p>Routine inspections of sites and controls to be implemented with additions, repairs, and optimization to occur as necessary to minimize erosion.</p> <p>SELF INSPECTION, MAINTANENCE, AND HOUSEKEEPING</p> <ul style="list-style-type: none"> <li>• All employees are trained in spill response, good housekeeping, material management practices, and procedures for equipment and container washing at least once per year.</li> </ul> |

- Conduct internal storm water inspections at least semi - annually and within 24 hours of a heavy rain event.
- Conduct routine inspections of all tanks and storage facilities at least weekly.
- All containment areas are to be inspected weekly or following a heavy rain event.

Any excessive precipitation accumulation within containment should be removed and disposed of properly.

- All structural berms, dikes, and containment will be inspected periodically to ensure they are operating correctly.
- Minimum of an annual storm water BMP inspection and outcome report documenting status, including repairs.

#### SPILL RESPONSE

- Follow spill response procedures.
- If spill occurs:
  - Safely stop the source of the spill immediately.
  - Contain the spill until clean -up is complete.
  - Cover spill with appropriate absorbent material.
  - Keep the area well ventilated.
  - Dispose of clean -up materials properly.
  - Do not use emulsifier or dispersant.

#### VEHICLE & LOCATION PROCEDURES

- Vehicles entering location are to be free of chemical, oil, mud, weeds, trash, and debris.
- Location to be treated to kill weeds and bladed when necessary.

Bill Barrett Corp — CDPHE Stormwater Permit Number: COR- 039752

**S/AR:** SATISFACTORY

**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:**

Inspector Name: Murray, Richard

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: 414742 Type: WELL API Number: 045-18873 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 414757 Type: WELL API Number: 045-18882 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 414762 Type: WELL API Number: 045-18885 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 414770 Type: WELL API Number: 045-18893 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 414782 Type: WELL API Number: 045-18900 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 414792 Type: WELL API Number: 045-18907 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 414795 Type: WELL API Number: 045-18909 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 414796 Type: WELL API Number: 045-18910 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 414800 Type: WELL API Number: 045-18912 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 414801 Type: WELL API Number: 045-18913 Status: PR Insp. Status: PR

Inspector Name: Murray, Richard

**Producing Well**

Comment: **Plunger lift**

Facility ID: 414804 Type: WELL API Number: 045-18915 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Plunger lift**

Facility ID: 414808 Type: WELL API Number: 045-18918 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Plunger lift**

Facility ID: 414825 Type: WELL API Number: 045-18923 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Plunger lift**

**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): 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: RANGELAND

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: \_\_\_\_\_

Overall Interim Reclamation \_\_\_\_\_

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: RANGELAND

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 ☐

Inspector Name: Murray, Richard

**Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 | Gravel                  | Pass                  |               |                          |         |
| Waddles          | Pass            |                         |                       |               |                          |         |
|                  |                 | Rip Rap                 | Pass                  |               |                          |         |
|                  |                 | Ditches                 | Pass                  |               |                          |         |
| Rip Rap          | Pass            |                         |                       |               |                          |         |
|                  |                 | Culverts                | Pass                  |               |                          |         |
| Berms            | Pass            |                         |                       |               |                          |         |
|                  |                 | Sediment Traps          | Pass                  |               |                          |         |
|                  |                 | Check Dams              | Pass                  |               |                          |         |
| Gravel           | Pass            |                         |                       |               |                          |         |

S/A/V: SATISFACTORY Corrective Date: \_\_\_\_\_

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

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

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