

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:
	<u>414808</u>	<u>414794</u>	<u>Murray, Richard</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>10531</u>
Name of Operator:	<u>VANGUARD OPERATING LLC</u>
Address:	<u>5847 SAN FELIPE #3000</u>
City:	<u>HOUSTON TX</u> Zip: <u>77057</u>

- 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
Axelson, Aaron	970-230-0926	aaxelson@vnrlc.com	Sr. Production Foreman

Compliance Summary:

QtrQtr:	<u>NWNW</u>	Sec:	<u>33</u>	Twp:	<u>6S</u>	Range:	<u>91W</u>
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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"/>

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 Mortors: _____	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
<input type="checkbox"/> Multiple Spills and Releases?				

Equipment:				
Type: Ancillary equipment	# 4	Satisfactory/Action Required:	SATISFACTORY	
Comment	Chemical unit at gas meter run			
Corrective Action		Date:		
Type: Plunger Lift	# 13	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action		Date:		
Type: Vertical Separator	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action		Date:		
Type: Compressor	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action		Date:		

Type: Gas Meter Run	# 13	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

Tanks and Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	1	OTHER	STEEL AST	,
S/AR	SATISFACTORY		Comment: At gas meter run	
Corrective Action:			Corrective Date:	

Paint

Condition	Adequate
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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				

Tanks and Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
LUBE OIL	1	OTHER	STEEL AST	,
S/AR	SATISFACTORY		Comment: At compressor	
Corrective Action:			Corrective Date:	

Paint

Condition	Adequate
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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				

Tanks and Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	100 BBLS	STEEL AST	39.490542,-107.567673
S/AR	SATISFACTORY		Comment: Hooked up to bradenheads at wellhead	

Corrective Action:	Corrective Date:
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Paint

Condition	Adequate
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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
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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:	
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Corrective Action:	Corrective Date:
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Paint

Condition	Adequate
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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
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Comment

Venting:

Yes/No	YES
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Comment	Bradenhead valve open
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Flaring:

Type	Satisfactory/Action Required
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Comment:

Corrective Action:	Correct Action Date:
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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"> • Utilize diking and other forms of containment and diversions around tanks, drums, chemicals, liquids, pits, and impoundments. • Use drip pans, sumps, or liners where appropriate. • Limit the amount of land disturbed during construction of pad, access road, and facilities. • Employ spill response plan for all facilities. • Dispose properly offsite any wastes, fluids and other materials. <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"> • All employees are trained in spill response, good housekeeping, material management practices, and procedures for equipment and container washing at least once per year.

- 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: _____
<u>Summary of Landowner Issues:</u>		
<u>Summary of Operator Response to Landowner Issues:</u>		
<u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u>		

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

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

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

S/A/V: SATISFACTORY Corrective Date: _____

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
666802470	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3924031