

**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
Ghan, Scott		sghan@vnrlc.com	Sr. EH&S
Axelsson, Aaron	970-230-0926	aaxelson@vnrlc.com	Sr. Production Foreman

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"/>

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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
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☐ 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:

Inspector Name: Murray, Richard

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:		<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				

Tanks and Berms:		<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				

Tanks and Berms:		<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:	
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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	
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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	
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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: _____

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

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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 REVEGETATIONCropland

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
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