

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:
09/02/2016
Document Number:
685301327
Overall Inspection:
ACTION REQUIRED

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|-------------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>215213</u> | <u>325674</u> | <u>St John, William (Cal)</u> | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|---|
| OGCC Operator Number: | <u>10000</u> |
| Name of Operator: | <u>BP AMERICA PRODUCTION COMPANY</u> |
| Address: | <u>380 AIRPORT RD</u> |
| City: | <u>DURANGO</u> State: <u>CO</u> Zip: <u>81303</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 |
|------------------|--------------|-----------------------------|-----------------------|
| Beebe, Sabre | 970-375-7530 | Sabre.Beebe@bp.com | SW Inspection Reports |
| Labowskie, Steve | | steve.labowskie@state.co.us | COGCC |
| Inspections, All | | SanJuanCOGCC@bp.com | SW Inspection Reports |

Compliance Summary:

QtrQtr: NENW Sec: 36 Twp: 34N Range: 9W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|------------|----------------|-----------------|
| 03/20/2013 | 669400495 | PR | PR | SATISFACTORY | In Process | | No |
| 03/13/2009 | 200206594 | PR | PR | SATISFACTORY | | | No |
| 08/03/2006 | 200101530 | PR | PR | SATISFACTORY | | Pass | No |
| 12/21/2004 | 200066265 | PR | PR | SATISFACTORY | | Pass | No |
| 07/27/2004 | 200060925 | PR | PR | SATISFACTORY | | Pass | No |
| 07/22/2003 | 200043577 | PR | PR | SATISFACTORY | | Pass | No |
| 05/14/2002 | 200027774 | PR | PR | SATISFACTORY | | Pass | No |
| 11/03/1999 | 200002461 | PR | PR | SATISFACTORY | | Pass | No |
| 02/23/1999 | 500148678 | PR | PR | | | Pass | No |
| 09/23/1996 | 500148677 | PR | PR | | | Pass | No |

Inspector Comment:

Inspection report contains corrective actions and comment. See Signs/Marker and Good Housekeeping Sevtions of report for additional details. See link at end of report for path to downloadable pictures.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------------|--|
| 215213 | WELL | PR | 12/31/2001 | GW | 067-06818 | FEDERAL LAND BANK C 1 | PR <input checked="" type="checkbox"/> |

Equipment:

Location Inventory

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 | ACTION REQUIRED | No sign at well or on location. | Install sign to comply with rule 210.b | 11/07/2016 |
| 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 |
|-----------------|------------------------------|--|---|------------|
| WEEDS | ACTION REQUIRED | Weeds are growing around production equipment. | Remove weeds and implement weed control program to comply with Rule 603.f using the Rule 603.f guidance document for further details. | 09/19/2016 |
| DEBRIS | ACTION REQUIRED | Fence post, wooden pallet, and crate left on location. | Remove and properly dispose of debris to comply with Rule 603.f using Rule 603.f guidance document for further details. | 09/19/2016 |
| STORAGE OF SUPL | ACTION REQUIRED | Excavation equipment and vehicle tracking mats stored on location. | Remove equipment and tracking mats to comply with Rule 603.f using the Rule 603.f guidance document for further details. | 10/07/2016 |

Spills:

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

Equipment:

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

| | | | |
|---------------------------------|-----|---|--------------|
| Comment | | | |
| Corrective Action | | Date: | |
| Type: Ancillary equipment | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | Telemetry Equipment | |
| Corrective Action | | Date: | |
| Type: Vertical Heated Separator | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | Date: | |
| Type: Other | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | Domestic Tap Equipment. Does not appear to be currently in use. | |
| Corrective Action | | Date: | |
| Type: Other | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | Water Can and Valve Set | |
| Corrective Action | | Date: | |
| Type: Ancillary equipment | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | Wellhead | |
| Corrective Action | | Date: | |
| Type: Prime Mover | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | Natural Gas Motor | |
| Corrective Action | | Date: | |
| Type: Pig Station | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | Date: | |
| Type: Bird Protectors | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | Date: | |
| Type: Ancillary equipment | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | Lube Oil Tank on Secondary Containment. | |
| Corrective Action | | Date: | |
| Type: Pump Jack | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | Date: | |

| | | | |
|-------------------------|--------------|-----------------------------------|----------------|
| Tanks and Berms: | | <input type="checkbox"/> New Tank | Tank ID: _____ |
| Contents | # | Capacity | Type |
| PRODUCED WATER | 1 | OTHER | PBV STEEL |
| S/AR | SATISFACTORY | Comment: | |
| Corrective Action: | | Corrective Date: | |
| Paint | | | |

Inspector Name: St John, William (Cal)

| | | | | | |
|-------------------|----------|---------------------|---------------------|-----------------|-------|
| 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: 215213

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: 215213 Type: WELL API Number: 067-06818 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: | | Lat | Long |
| DWR Receipt Num: _____ | Owner Name: _____ | GPS : _____ | |
| 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 |
|------------------|-----------------|-------------------------|-----------------------|--|--------------------------|---------|
| Compaction | Pass | Compaction | Pass | Material Handling And Spill Prevention | Pass | |
| Gravel | Pass | Gravel | Pass | | | |

S/A/V: SATISFACTORY Corrective Date: _____

Comment: Rilling noted on cut slope.

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 |
|--------------|------------------------|---|
| 685301327 | INSPECTION APPROVED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3943570 |
| 685301329 | Weeds around seperator | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3943540 |
| 685301330 | Pallet 1 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3943541 |
| 685301331 | Pallet 2 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3943542 |
| 685301332 | Crate | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3943543 |
| 685301333 | Debris | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3943544 |
| 685301334 | Vehicle tracking mats | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3943545 |