

**FORM  
INSP**Rev  
X/15

# 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:

09/26/2017

Submitted Date:

09/26/2017

Document Number:

684904465**FIELD INSPECTION FORM**

Loc ID 433131 Inspector Name: Pesicka, Conor On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 10608Name of Operator: BNN WESTERN LLCAddress: 370 VAN GORDON STREETCity: LAKEWOOD State: CO Zip: 80228**Status Summary:**

- ☒ THIS IS A FOLLOW UP INSPECTION  
☒ FOLLOW UP INSPECTION REQUIRED  
☐ NO FOLLOW UP INSPECTION REQUIRED

**Findings:**11 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Leonard, Mike		mike.leonard@state.co.us	
Gopsill, Eric		eric.gopsill@bnn-energy.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159961	UIC Disposal	AC	07/02/2015	DSPW	-	RAZOR 26J-2633L SWD	AC

**General Comment:**

**Location**Overall Good: ☒

<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	glycol		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Sign for current operator installed. Prior operator wellhead sign still present.		
Corrective Action:	Comply with rule 210.e.	Date:	09/05/2017
Type	BATTERY		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: Emergency contact number on sign

Corrective Action:

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

**Good Housekeeping:**

Type	UNUSED EQUIPMENT		
Comment:	Unused tanks removed		
Corrective Action:		Date:	

Overall Good: ☒

<b>Spills:</b>				
Type	Area	Volume		

In Containment: No

Comment:

☐ Multiple Spills and Releases?

<b>Fencing/:</b>			
Type			
Comment:			
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Ancillary equipment	# 4		
Comment:	Frac tanks		
Corrective Action:		Date:	
Type: Ancillary equipment	# 2		
Comment:	pumps- 2 glycol		
Corrective Action:		Date:	

Type: Prime Mover	# 3	
Comment:	injection pumps	
Corrective Action:		Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	1000 BBLs	FIBERGLASS AST		40.808970,-103.831830
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:	Shared with produced water			
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	OTHER	FIBERGLASS AST		40.808970,-103.831830
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)	750bbl	
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:	Shared with produced water			
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	400 BBLs	STEEL AST		40.808970,-103.831830
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		

Other (Type)						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Comment: Shared with produced water						
Corrective Action:				Date:		
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	20	OTHER	FIBERGLASS AST		40.808970,-103.831830	
Comment:						
Corrective Action:				Date:		
<u>Paint</u>						
Condition	Adequate					
Other (Content)						
Other (Capacity) 750bbl						
Other (Type)						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate		
Comment:						
Corrective Action:				Date:		
<u>Venting:</u>						
Yes/No	NO					
Comment:						
Corrective Action:				Date:		
<u>Flaring:</u>						
Type						
Comment:						
Corrective Action:				Date:		

**Inspected Facilities**Facility ID: 159961 Type: UIC Disposal API Number: - Status: AC Insp. Status: AC**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg 1379 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: \_\_\_\_\_

TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: \_\_\_\_\_

Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

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

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

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

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

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

**BradenHead**Comment: Bradenhead plumbed to surface.

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

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

Document Num	Description	URL
684904466	Site photos	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4260359">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4260359</a>