

**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
Gopsill, Eric		eric.gopsill@bnn-energy.com	
Leonard, Mike		mike.leonard@state.co.us	

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:

LocationOverall Good: ☒

Signs/Marker:			
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: ☒

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type			
Comment:			
Corrective Action:		Date:	

Equipment:			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
CRUDE OIL	2	400 BBLS	STEEL 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)						
<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 Sufficent	Adequate		
Comment:						
Corrective Action:				Date:		
<u>Venting:</u>						
Yes/No	NO					
Comment:						
Corrective Action:				Date:		
<u>Flaring:</u>						
Type						
Comment:						
Corrective Action:				Date:		

Inspected FacilitiesFacility 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: _____

BradenHeadComment: Bradenhead plumbed to surface.

Corrective Action: _____ Date: _____

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

Document Num	Description	URL
401414203	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4260364
684904466	Site photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4260359