

**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:

02/27/2018

Submitted Date:

02/27/2018

Document Number:

684905077**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:8 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Gopsill, Eric		eric.gopsill@bnn-energy.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
433132	WELL	IJ	12/16/2015	DSPW	123-37495	Razor 26J-2633L	AC

General Comment:

LocationOverall Good: ☒**Signs/Marker:**

Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	Iron sulfide remover		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Fencing/:**

Type			
Comment:			
Corrective Action:		Date:	

Equipment:

Type: Ancillary equipment	# 6		corrective date
Comment:	frac tanks		
Corrective Action:		Date:	
Type: Prime Mover	# 3		
Comment:	injection pumps		
Corrective Action:		Date:	
Type: Ancillary equipment	# 2		
Comment:	iron sulfide remover		
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				Date:
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				Date:
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		
PRODUCED WATER	20	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			
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate			
Comment:							
Corrective Action:						Date:	
Venting:							
Yes/No	NO						
Comment:							
Corrective Action:						Date:	
Flaring:							
Type							
Comment:							
Corrective Action:						Date:	

Inspected FacilitiesFacility ID: 433132 Type: WELL API Number: 123-37495 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 1300 Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg)

Inj Zone: DJINJTC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 06/10/2015Brhd: 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: _____

Reclamation - Storm Water - Pit**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Paving	Pass			
Gravel	Pass	Gravel	Pass			

Comment: Corrective Action: Date: **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
684905078	Site photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4388216