

**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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:

08/13/2012

Document Number:

661601927

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------|----------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | <u>428564</u> | <u>427120</u> | | <u>MONTOYA, JOHN</u> |

Operator Information:OGCC Operator Number: 69175 Name of Operator: PDC ENERGY INCAddress: 1775 SHERMAN STREET - STE 3000City: DENVER State: CO Zip: 80203**Contact Information:**

| | | | |
|--------------|--------------|-----------------|---------|
| Contact Name | Phone | Email | Comment |
| Green, Dan | 970-371-8794 | dgreen@petd.com | |

Compliance Summary:QtrQtr: NWNW Sec: 10 Twp: 6N Range: 63W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 06/04/2012 | 661601568 | | | S | | | N |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------------------------------|
| 427119 | WELL | DG | 07/11/2012 | | 123-34874 | SCHAEFER 10J-203 | <input checked="" type="checkbox"/> |
| 428560 | WELL | DG | 06/29/2012 | | 123-35406 | Schaefer 10J-403 | <input checked="" type="checkbox"/> |
| 428562 | WELL | DG | 06/14/2012 | | 123-35408 | Schaefer 10M-243 | <input checked="" type="checkbox"/> |
| 428564 | WELL | DG | 06/02/2012 | | 123-35410 | Schaefer 10E-223 | <input checked="" type="checkbox"/> |

Equipment:**Location Inventory**

| | | | |
|-----------------------------|-------------------------|----------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: <u>4</u> | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: <u>4</u> | Separators: <u>4</u> | Electric Motors: _____ |
| Gas or Diesel Motors: _____ | Cavity Pumps: _____ | LACT Unit: _____ | Pump Jacks: _____ |
| Electric Generators: _____ | Gas Pipeline: <u>1</u> | Oil Pipeline: _____ | Water Pipeline: _____ |
| Gas Compressors: _____ | VOC Combustor: <u>1</u> | Oil Tanks: <u>16</u> | Dehydrator Units: _____ |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: _____ | Fuel Tanks: _____ |

Location**Signs/Marker:**

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------------------|-----------------------------|---------|-------------------|---------|
| BATTERY | Satisfactory | | | |
| WELLHEAD | Satisfactory | | | |
| TANK LABELS/PLACARDS | Satisfactory | | | |

Inspector Name: MONTOYA, JOHN

| | | | | |
|------------|--------------|--|--|--|
| CONTAINERS | Satisfactory | | | |
|------------|--------------|--|--|--|

Emergency Contact Number: (S/U/V) _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

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

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|--------------------|-----------------------------|---------|-------------------|---------|
| SEPARATOR | Satisfactory | | | |
| TANK BATTERY | Satisfactory | | | |
| IGNITOR/COMBUST OR | Satisfactory | | | |
| WELLHEAD | Satisfactory | | | |

Equipment:

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-----------------------------|----|-----------------------------|---------|-------------------|---------|
| Horizontal Heated Separator | 4 | Satisfactory | | | |
| Bird Protectors | 10 | Satisfactory | | | |
| Veritcal Heater Treater | 4 | Satisfactory | | | |
| Emission Control Device | 2 | Satisfactory | | | |
| Gas Meter Run | 5 | Satisfactory | | | |
| Compressor | 2 | Satisfactory | | | |

Facilities:☐ New Tank

Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|----------------|--------|
| PRODUCED WATER | 2 | 100 BBLS | FIBERGLASS AST | , |

S/U/V: _____ Comment: _____

Corrective Action: _____

Corrective Date: _____

Paint

| Condition | Adequate |
|-----------|----------|
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|----------|---------------------|---------------------|-------------|
| Metal | Adequate | Walls Sufficent | Base Sufficent | Adequate |

| | | | |
|-------------------|--|-----------------|--|
| Corrective Action | | Corrective Date | |
| Comment | | | |

| | | | | | |
|--------------------------|-----------------------------|-----------------------------------|---------------------|-----------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| PRODUCED WATER | 4 | 400 BBLS | FIBERGLASS AST | , | |
| S/U/V: | | | Comment: | | |
| Corrective Action: | | | | Corrective Date: | |
| <u>Paint</u> | | | | | |
| Condition | Adequate | | | | |
| Other (Content) _____ | | | | | |
| Other (Capacity) _____ | | | | | |
| Other (Type) _____ | | | | | |
| <u>Berms</u> | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate | |
| Corrective Action | | | | Corrective Date | |
| Comment | | | | | |
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| CRUDE OIL | 12 | 400 BBLS | STEEL AST | 40.116780,-104.552490 | |
| S/U/V: | | | Comment: | | |
| Corrective Action: | | | | Corrective Date: | |
| <u>Paint</u> | | | | | |
| Condition | Adequate | | | | |
| Other (Content) _____ | | | | | |
| Other (Capacity) _____ | | | | | |
| Other (Type) _____ | | | | | |
| <u>Berms</u> | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate | |
| Corrective Action | | | | Corrective Date | |
| Comment | | | | | |
| Venting: | | | | | |
| Yes/No | Comment | | | | |
| NO | | | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| Ignitor/Combustor | | | | | |
| <u>Predrill</u> | | | | | |
| Location ID: 427120 | | | | | |
| Site Preparation: | | | | | |
| Lease Road Adeq.: _____ | | Pads: _____ | | Soil Stockpile: _____ | |
| Corrective Action: _____ | | Date: _____ | | CDP Num.: _____ | |

Form 2A COAs:

| Group | User | Comment | Date |
|-------|----------|--|------------|
| OGLA | koepsear | Due to the close proximity of Crow Creek the follow COA will apply. Operator must implement site-specific best management practices in accordance with good engineering practices, including, but not limited to, construction of a berm or diversion dike, site grading, or other comparable measures, sufficient to protect Crow Creek located 293 feet to the east of the oil and gas location from a release of drilling, completion, produced fluids, and chemical products. | 12/01/2011 |
| OGLA | allisonr | Operator must implement site-specific best management practices in accordance with good engineering practices, including, but not limited to, construction of a berm or diversion dike, site grading, or other comparable measures, sufficient to protect Crow Creek located 293 feet to the east of the oil and gas location from a release of drilling, completion, produced fluids, and chemical products. | 03/26/2012 |

Comment: _____**CA:** _____**Date:** _____**Wildlife BMPs:**

| BMP Type | Comment |
|-----------------------------|--|
| Storm Water/Erosion Control | This Stormwater Management Plan contains required elements associated with PDC's construction activities for Area 2, as defined in the CDPS General Permit for Stormwater Discharges Associated with Construction Activity, Authorization to Discharge Under the Colorado Discharge Permit System (Permit No. COR-030000, re-issued and effective July 1, 2007).BMPs for sediment and erosion control will be accomplished through a combination of construction techniques, vegetation and re-vegetation, administrative controls, and structural features. |
| Storm Water/Erosion Control | This Stormwater Management Plan contains required elements associated with PDC's construction activities for Area 2, as defined in the CDPS General Permit for Stormwater Discharges Associated with Construction Activity, Authorization to Discharge Under the Colorado Discharge Permit System (Permit No. COR-030000, re-issued and effective July 1, 2007).BMPs for sediment and erosion control will be accomplished through a combination of construction techniques, vegetation and re-vegetation, administrative controls, and structural features. |

Comment: _____**CA:** _____**Date:** _____**Stormwater:**

| | | | |
|--------------|---------|------------|---------|
| Erosion BMPs | Present | Other BMPs | Present |
| | | | |

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

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: _____

Inspector Name: MONTOYA, JOHN

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: 427119 Type: WELL API Number: 123-34874 Status: DG Insp. Status: PR

Facility ID: 428560 Type: WELL API Number: 123-35406 Status: DG Insp. Status: PR

Facility ID: 428562 Type: WELL API Number: 123-35408 Status: DG Insp. Status: PR

Facility ID: 428564 Type: WELL API Number: 123-35410 Status: DG Insp. Status: 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: DRY LAND, HAY MEADOW, OTHER, RESIDENTIAL

Comment: _____

1003a. Debris removed? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ 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 removed? _____ 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? In
 Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation In

1003 f. Weeds Noxious weeds? I

Comment: _____

Overall Interim Reclamation In Process

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: DRY LAND, HAY MEADOW, OTHER, RESIDENTIAL

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 _____ Multi-Well Location ☐

Inspector Name: MONTOYA, JOHN

| | | | | | | |
|---------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Storm Water: | | | | | | |
| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| | | | | | | |

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____