

**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



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Inspection Date:

11/26/2012

Document Number:

670500040

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: MONTOYA, JOHN
	428126	422173		

Operator Information:OGCC Operator Number: 8960 Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY LLCAddress: 410 17TH STREET SUITE #1400City: DENVERState: COZip: 80202**Contact Information:**

Contact Name	Phone	Email	Comment
Jones, Alan	661-444-0999	jaj@bonanzacrk.com	

Compliance Summary:QtrQtr: NESW Sec: 29 Twp: 5N Range: 62W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
422149	WELL	PR	07/14/2011	GW	123-33170	Antelope 23-29	X
422164	WELL	PR	07/16/2011	GW	123-33176	Antelope 13-29	X
422170	WELL	PR	07/14/2011	GW	123-33178	Antelope 24-29	X
422172	WELL	PR	07/16/2011	GW	123-33179	Antelope 14-29	X
422179	WELL	PR	07/29/2011	GW	123-33181	Antelope I-29	X
428126	WELL	PR	08/15/2012	OW	123-35238	Antelope H-29	X
428134	WELL	PR	08/15/2012	OW	123-35243	Antelope N-29	X
428136	WELL	PR	06/12/2012	OW	123-35244	Antelope M-29	X

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>8</u>	Production Pits: _____
Condensate Tanks: <u>4</u>	Water Tanks: <u>1</u>	Separators: <u>3</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	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: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location**Signs/Marker:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
CONTAINERS	Satisfactory			
WELLHEAD	Satisfactory			

Inspector Name: MONTOYA, JOHN

BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			

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

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	3	Satisfactory			
Gas Meter Run	3	Satisfactory			
Bird Protectors	4	Satisfactory			
Ancillary equipment	2	Satisfactory	frac tank for water		
Emission Control Device	1	Satisfactory			
Plunger Lift	7	Satisfactory			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	<100 BBLS	CONCRETE SUMP/VAULT	,

S/U/V: _____ Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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	4	400 BBLS	STEEL AST	40.220830,-104.211150	
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 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	Satisfactory				

Predrill

Location ID: 422173

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	youngr	Best management practices (BMPs) should be utilized to minimize disturbance of the vegetative cover while constructing and operating the location and to aid soil stabilization and revegetation of the disturbed area during interim reclamation. Cut and fill slopes should be minimized to the greatest extent practicable. The BMPs may include, but shall not be limited to, the use of mulches and/or tackifiers, erosion control mats and/or blankets, appropriate seed mixes and/or soil amendments and any other practices necessary to prevent soil erosion by wind and stormwater, and to encourage the growth of desirable soil stabilizing vegetation.	03/14/2011

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

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: <u>422149</u>	Type: <u>WELL</u>	API Number: <u>123-33170</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>422164</u>	Type: <u>WELL</u>	API Number: <u>123-33176</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>422170</u>	Type: <u>WELL</u>	API Number: <u>123-33178</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>422172</u>	Type: <u>WELL</u>	API Number: <u>123-33179</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>422179</u>	Type: <u>WELL</u>	API Number: <u>123-33181</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>428126</u>	Type: <u>WELL</u>	API Number: <u>123-35238</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>428134</u>	Type: <u>WELL</u>	API Number: <u>123-35243</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>428136</u>	Type: <u>WELL</u>	API Number: <u>123-35244</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>

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: RANGELAND

Comment:

1003a. Debris removed? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass CM _____

CA _____ CA Date _____

Guy line anchors removed? Pass CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

1003b. Area no longer in use? In Production areas stabilized ? In

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? In

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? InProduction areas have been stabilized? Pass Segregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**Cropland

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

Non-CroplandTop soil replaced Pass Recontoured Pass 80% Revegetation In1003 f. Weeds Noxious weeds? P

Comment: _____

Overall Interim Reclamation Pass**Final Reclamation/ Abandoned Location:**

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

Final Land Use: RANGELAND _____

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: _____