

**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
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Inspection Date:

09/05/2013

Document Number:

663902130

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335774	335774	LONGWORTH, MIKE	<input type="checkbox"/>	

**Operator Information:**OGCC Operator Number: 86610 Name of Operator: CAERUS WASHCO LLCAddress: 600 17TH STREET - STE #1600NCity: DENVERState: COZip: 80202-**Contact Information:**

Contact Name	Phone	Email	Comment
Winters, Ed		ewinters@caerusoilandgas.com	
KELLERBY, SHAUN		shaun.kellerby@state.co.us	

**Compliance Summary:**QtrQtr: SWSE Sec: 12 Twp: 6S Range: 97W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/02/2008	200191993	PR	PR	S			N
07/02/2008	200191994	PR	PR	S			N
07/02/2008	200191995	PR	PR	S			N
05/04/2006	200096176	PM	PR	S	I	P	N
05/03/2006	200096175	PR	PR	S	I	P	N
05/03/2006	200096174	PR	PR	S	I	P	N
07/25/2005	200076364	CO	PR	U		F	Y
07/25/2005	200076370	PR	PR	U		F	Y
07/25/2005	200076373	PR	PR	U		F	Y
07/13/2004	200072368	PR	PR	S	I	P	N
07/13/2004	200072367	PR	PR	S	I	P	N
07/13/2004	200072366	PR	PR	S	I	P	N
04/20/2004	200053698	DG	WO	S		P	N
04/20/2004	200053700	PR	WO	S		P	N

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
269990	WELL	PR	12/30/2004	GW	045-09435	CHEVRON/TEXACO 24C-12D	<input checked="" type="checkbox"/>
270032	WELL	PR	12/30/2004	GW	045-09439	CHEVRON/TEXACO 34C-12D	<input checked="" type="checkbox"/>
270033	WELL	PR	12/30/2004	GW	045-09440	CHEVRON/TEXACO 31C-13D	<input checked="" type="checkbox"/>

**Equipment:**Location Inventory

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

**Location****Lease Road:**

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

**Signs/Marker:**

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

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

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

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

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

**Spills:**

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory			
WELLHEAD	Satisfactory			
SEPARATOR	Satisfactory			

**Equipment:**

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	3	Satisfactory			
Horizontal Heated Separator	3	Satisfactory			
Bird Protectors	3	Satisfactory			

<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	200 BBLS	PBV STEEL	39.532030,-108.163730	
S/U/V:	Satisfactory		Comment: _____		
Corrective Action:				Corrective Date:	
<b>Paint</b>					
Condition	Inadequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	1	300 BBLS	STEEL AST	39.532080,-108.164380	
S/U/V:			Comment: _____		
Corrective Action:				Corrective Date:	
<b>Paint</b>					
Condition					
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					
<b>Venting:</b>					
Yes/No		Comment			
<b>Flaring:</b>					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

**Predrill**

Location ID: 335774

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

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

Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****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: 269990 Type: WELL API Number: 045-09435 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 270032 Type: WELL API Number: 045-09439 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 270033 Type: WELL API Number: 045-09440 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

**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:

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? CM Partially buried tank in battery

CA CA Date

Guy line anchors removed? CM

CA CA Date

Guy line anchors marked? Pass CM

CA CA Date

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

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? Fail  
Production areas have been stabilized? Segregated soils have been replaced?

RESTORATION AND REVEGETATION

Cropland

Top soil replaced Recontoured Perennial forage re-established

Non-Cropland

Top soil replaced Recontoured 80% Revegetation

1003 f. Weeds Noxious weeds?

Comment: Form 4 Interim Reclamation not submitted

Overall Interim Reclamation Fail

Date Final Reclamation Started: _____		Date Final Reclamation Completed: _____	
Final Land Use: _____			
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 <input type="checkbox"/>	

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Culverts	Pass			
Berms	Pass	Berms	Pass			Inconstistant berm along location behind Tank batt
Seeding		Ditches	Pass			
Compaction	Pass	Compaction	Pass			
		Gravel	Pass			

Inspector Name: LONGWORTH, MIKE

S/U/V: Satisfactory Corrective Date:

Comment:

CA: