

**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:

11/15/2013

Document Number:

600000293

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	416003	416108	JOHNSON, RANDELL	<input type="checkbox"/>	
				2A Doc Num:	

Operator Information:

OGCC Operator Number:

Name of Operator: PDC ENERGY INCAddress: 1775 SHERMAN STREET - STE 3000City: DENVER State: CO Zip: 80203☐ THIS IS A FOLLOW UP INSPECTION☐ FOLLOW UP INSPECTION REQUIRED☒ NO FOLLOW UP INSPECTION REQUIRED☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED**Contact Information:**

Contact Name	Phone	Email	Comment
Green, Daniel	970-371-8794	daniel.green@pdce.com	
Heneghan, Adell	O:303-831-3973, C:970-420-3274	adell.heneghan@pdce.com	VP - EHS
Bruns, Brandon	O:303-831-3971, C:720-281-7255	brandon.bruns@pdce.com	

Compliance Summary:QtrQtr: SENV Sec: 19 Twp: 5N Range: 63W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
416003	WELL	PR	09/01/2010	OW	123-31227	Ochsner 19N	FR <input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>1</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>2</u>	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: <u>2</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location**Signs/Marker:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:					
Type	Area	Volume	Corrective action	CA Date	
<input type="checkbox"/> Multiple Spills and Releases?					
Fencing/:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
WELLHEAD	Satisfactory	Pipe fencing			
Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	1	Satisfactory	SE corner of fence around wellhead 40.38805, - 104.48010		
Facilities: <input type="checkbox"/> New Tank Tank ID: _____					
Contents	#	Capacity	Type	SE GPS	
			CENTRALIZED BATTERY	40.388310,-104.480040	
S/U/V:	Satisfactory	Comment:	Centralized battery services Ochsner 19A (123-31153), Ochsner 19 (123-31227) & SLW 21-19 (123-31401)/See related inspection document #600000292 for further information concerning shared facilities and equipment		
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	

Predrill

Location ID: 416003

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/U/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Agency	colerl	Location is in a sensitive area because of shallow groundwater; therefore, either a lined drilling pit or closed loop system is required.	03/10/2010
Agency	colerl	Rig height may not exceed 107 feet due to close proximity to overhead power line and public road	03/10/2010

S/U/V: _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/U/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Stormwater:****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: 416003 Type: WELL API Number: 123-31227 Status: PR Insp. Status: FR

Producing Well

Comment: PR

Environmental**Spills/Releases:**

Inspector Name: JOHNSON, RANDELL

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: IRRIGATED	
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?	Pass		Production areas stabilized ?	Pass
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1003c.	Compacted areas have been cross ripped?	
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1003d.	Drilling pit closed?		Subsidence over on drill pit?	
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Cuttings management:	
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1003e.	Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing?	Pass
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Production areas have been stabilized?	Pass	Segregated soils have been replaced?	
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RESTORATION AND REVEGETATION

Cropland

Inspector Name: JOHNSON, RANDELL

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 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: IRRIGATED

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 _____

Well Release on Active Location ☐

Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Other	Pass	Other	Pass			Vegetation
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT