

**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:

11/27/2013

Document Number:

673900046

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |                    |                                            |
|---------------------|---------------|---------------|--------------------|--------------------------------------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:    | On-Site Inspection                         |
|                     | <u>273918</u> | <u>305083</u> | <u>Rains, Bill</u> | <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              |
|-----------------|--------------|-------------------------|----------------------|
| HENEGHAN, ADELL |              | aheneghan@petd.com      | PDC ENVIRONMENTAL VP |
| Precup, Jim     | 303-726-3822 | jamesprecup@state.co.us |                      |

**Compliance Summary:**

| QtrQtr:    | <u>SENE</u> | Sec:       | <u>28</u>   | Twp:                         | <u>2N</u> | Range:         | <u>64W</u>      |
|------------|-------------|------------|-------------|------------------------------|-----------|----------------|-----------------|
| Insp. Date | Doc Num     | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I  | Pas/Fail (P/F) | Violation (Y/N) |
| 11/01/2010 | 200281808   | PR         | PR          | Satisfactory                 |           |                | No              |
| 10/24/2010 | 200280893   | PR         | PR          | Satisfactory                 |           |                | No              |

**Inspector Comment:**


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**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name       | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|-------------------------------------|
| 273918      | WELL | PR     | 01/01/2011  | GW         | 123-22422 | STONEBRAKER 42-28   | PR          | <input checked="" type="checkbox"/> |
| 430745      | WELL | XX     | 11/09/2012  |            | 123-36277 | Stonebraker 28V-404 | ND          | <input type="checkbox"/>            |
| 430746      | WELL | XX     | 11/09/2012  |            | 123-36278 | Stonebraker 28W-304 | XX          | <input type="checkbox"/>            |
| 430748      | WELL | XX     | 11/09/2012  |            | 123-36280 | Stonebraker 28V-234 | XX          | <input type="checkbox"/>            |
| 430749      | WELL | XX     | 11/09/2012  |            | 123-36281 | Stonebraker 28V-314 | XX          | <input type="checkbox"/>            |

**Equipment:**Location Inventory

|                              |                         |                      |                         |
|------------------------------|-------------------------|----------------------|-------------------------|
| Special Purpose Pits: _____  | Drilling Pits: _____    | Wells: <u>5</u>      | Production Pits: _____  |
| Condensate Tanks: _____      | Water Tanks: <u>4</u>   | Separators: <u>4</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: <u>12</u> | Dehydrator Units: _____ |
| Multi-Well Pits: _____       | Pigging Station: _____  | Flare: _____         | Fuel Tanks: _____       |

**Location**

Inspector Name: Rains, Bill

| <b>Signs/Marker:</b> |                             |         |                   |         |
|----------------------|-----------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| BATTERY              | Satisfactory                |         |                   |         |
| TANK LABELS/PLACARDS | Satisfactory                |         |                   |         |
| WELLHEAD             | Satisfactory                |         |                   |         |

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: \_\_\_\_\_

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

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

| <b>Spills:</b>                                         |      |        |                   |         |
|--------------------------------------------------------|------|--------|-------------------|---------|
| Type                                                   | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? |      |        |                   |         |

| <b>Fencing/:</b> |                             |         |                   |         |
|------------------|-----------------------------|---------|-------------------|---------|
| Type             | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD         | Satisfactory                |         |                   |         |
| TANK BATTERY     | Satisfactory                |         |                   |         |
| SEPARATOR        | Satisfactory                |         |                   |         |

| <b>Equipment:</b>           |   |                             |         |                   |         |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| Type                        | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Gas Meter Run               | 1 | Satisfactory                |         |                   |         |
| Bird Protectors             | 1 | Satisfactory                |         |                   |         |
| Plunger Lift                | 2 | Satisfactory                |         |                   |         |
| Horizontal Heated Separator | 1 | Satisfactory                |         |                   |         |

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

| Contents  | # | Capacity | Type      | SE GPS |
|-----------|---|----------|-----------|--------|
| CRUDE OIL | 1 | 300 BBLs | STEEL AST | ,      |

S/U/V: Satisfactory Comment: \_\_\_\_\_

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

**Paint**

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

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           |          |                     |                     |                 |

Inspector Name: Rains, Bill

|                          |                             |                                   |                     |                        |  |
|--------------------------|-----------------------------|-----------------------------------|---------------------|------------------------|--|
| <b>Facilities:</b>       |                             | <input type="checkbox"/> New Tank |                     | Tank ID: _____         |  |
| Contents                 | #                           | Capacity                          | Type                | SE GPS                 |  |
| PRODUCED WATER           | 1                           | 100 BBLS                          | PBV FIBERGLASS      | ,                      |  |
| S/U/V:                   | Satisfactory                |                                   | Comment: _____      |                        |  |
| Corrective Action: _____ |                             |                                   |                     | Corrective Date: _____ |  |
| <b>Paint</b>             |                             |                                   |                     |                        |  |
| Condition                | Adequate                    |                                   |                     |                        |  |
| 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>Venting:</b>          |                             |                                   |                     |                        |  |
| Yes/No                   |                             | Comment                           |                     |                        |  |
| NO                       |                             |                                   |                     |                        |  |
| <b>Flaring:</b>          |                             |                                   |                     |                        |  |
| Type                     | Satisfactory/Unsatisfactory | Comment                           | Corrective Action   | CA Date                |  |
|                          | Satisfactory                |                                   |                     |                        |  |

**Predrill**

Location ID: 273918

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/U/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/U/V:** \_\_\_\_\_ **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 1, 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. |

**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: 273918 Type: WELL API Number: 123-22422 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**Environmental**

Inspector Name: Rains, Bill

**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, IMPROVED PASTURE

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? \_\_\_\_\_

Production areas have been stabilized? \_\_\_\_\_ Segregated soils have been replaced? \_\_\_\_\_

RESTORATION AND REVEGETATION

Inspector Name: Rains, Bill

Cropland

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

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

Overall Interim Reclamation

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_

Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: DRY LAND, IMPROVED PASTURE \_\_\_\_\_

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

S/U/V: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

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

CA: \_\_\_\_\_

**Pits:** ☐ NO SURFACE INDICATION OF PIT