

**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:

12/20/2013

Document Number:

600000498

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |                         |  |
|---------------------|---------------|---------------|-------------------------|--|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:         | On-Site Inspection                         |
|                     | <u>267659</u> | <u>320494</u> | <u>JOHNSON, RANDELL</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 | O:303-831-3973,<br>C:970-420-3274 | adell.heneghan@pdce.com | VP - EHS |
| Green, Daniel   | 970-371-8794                      | daniel.green@pdce.com   |          |
| Bruns, Brandon  | O:303-831-3971,<br>C:720-281-7255 | brandon.bruns@pdce.com  |          |

**Compliance Summary:**QtrQtr: NENW Sec: 4 Twp: 1S Range: 67W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 04/04/2013 | 668700587 | PR         | PR          | Satisfactory                 | P        |                | No              |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 267659      | WELL | PR     | 06/18/2003  | GW         | 001-09468 | ZARLENGO 21-4 | SI          | <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**

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

Inspector Name: JOHNSON, RANDELL

|   |                        |
|---|------------------------|
| Emergency Contact Number: <u>(S/U/V)</u> Satisfactory | Corrective Date: _____ |
| Comment: _____  |                        |
| Corrective Action: _____                              |                        |

| <b>Spills:</b> |      |        |                   |         |
|----------------|------|--------|-------------------|---------|
| Type           | Area | Volume | Corrective action | CA Date |

☐ Multiple Spills and Releases?

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

| <b>Equipment:</b> |   |                             |         |                   |         |
|-------------------|---|-----------------------------|---------|-------------------|---------|
| Type              | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Plunger Lift      | 1 | Satisfactory                |         |                   |         |

|                    |  |                                   |                |
|--------------------|--|-----------------------------------|----------------|
| <b>Facilities:</b> |  | <input type="checkbox"/> New Tank | Tank ID: _____ |
|--------------------|--|-----------------------------------|----------------|

| Contents | # | Capacity | Type                | SE GPS                |
|----------|---|----------|---------------------|-----------------------|
|          |   |          | CENTRALIZED BATTERY | 39.997840,-104.901070 |

|                     |          |   |
|---------------------|----------|---|
| S/U/V: Satisfactory | Comment: | See related inspection document #600000497 for 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 |
|-------|----------|---------------------|---------------------|-------------|
| 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 |
|                 |                             |         |                   |         |

**Predrill**

Location ID: 267659

**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:****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: 267659 Type: WELL API Number: 001-09468 Status: PR Insp. Status: SI

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_

S/V: \_\_\_\_\_ CA Date: \_\_\_\_\_

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

Comment: Producing intermittently

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Inspector Name: JOHNSON, RANDELL

|   |  |                              |             |
|---|--|------------------------------|-------------|
| Comment: <input style="width:700px" type="text"/>         |  |                              |             |
| Corrective Action: _____                                  |  | Date: _____                  |             |
| Reportable: _____   | GPS: Lat _____                                     | Long _____                   |             |
| Proximity to Surface Water: _____                         |  | Depth to Ground Water: _____ |             |
| <b><u>Water Well:</u></b>                                 |  |                              |             |
| DWR Receipt Num: _____                                    |  | Owner Name: _____            | GPS : _____ |
| <b><u>Field Parameters:</u></b>                           |  |                              |             |
| <input style="width:300px" type="text"/>                  |  |                              |             |
| Sample Location: <input style="width:400px" type="text"/> |  |                              |             |
| 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: <input style="width:750px" type="text"/> |   |
| 1003a.  | Debris removed? <u>Pass</u> CM _____  |
|   | CA _____ CA Date _____  |
|   | Waste Material Onsite? <u>Pass</u> CM _____   |
|   | CA _____ CA Date _____  |
|   | Unused or unneeded equipment onsite? <u>Pass</u> CM _____   |
|   | CA _____ CA Date _____  |
|   | Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____  |
|   | CA _____ CA Date _____  |
|   | Guy line anchors removed? <u>Pass</u> CM _____  |
|   | CA _____ CA Date _____  |
|   | Guy line anchors marked? _____ CM _____   |
|   | CA _____ CA Date _____  |
| 1003b.  | Area no longer in use? <u>Pass</u> Production areas stabilized ? <u>Pass</u>  |
| 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? <u>Pass</u> |
|   | Production areas have been stabilized? <u>Pass</u> Segregated soils have been replaced? _____                               |

**RESTORATION AND REVEGETATION**

**Cropland**

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

Inspector Name: JOHNSON, RANDELL

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: \_\_\_\_\_

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

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

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

Pits: ☒ NO SURFACE INDICATION OF PIT