

**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:

03/03/2014

Document Number:

673900196

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	427478	427488	Rains, Bill	<input type="checkbox"/>	

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
		cogccinspection@pdce.com	ALL INSPECTIONS

Compliance Summary:QtrQtr: NWNW Sec: 2 Twp: 6N Range: 63W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
427478	WELL	PR	01/31/2013		123-35003	BROWN 2F-202	PR	<input checked="" type="checkbox"/>
429638	WELL	PR	01/31/2013		123-35851	Brown 2F-412	PR	<input checked="" type="checkbox"/>
429639	WELL	PR	01/31/2013	LO	123-35852	Brown 2G-212	PR	<input checked="" type="checkbox"/>
429640	WELL	PR	01/31/2013	OW	123-35853	Brown 2F-432	SI	<input checked="" type="checkbox"/>
429661	WELL	PR	01/24/2013	OW	123-35859	Brown 2E-232	PR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>5</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>5</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location**Signs/Marker:**

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

Inspector Name: Rains, Bill

TANK LABELS/PLACARDS	Satisfactory			
CONTAINERS	Satisfactory	METHANOL TANKS		

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
SEPARATOR	Satisfactory	WIRE		
TANK BATTERY	Satisfactory	WIRE		
IGNITOR/COMBUST OR	Satisfactory	PIPE		
WELLHEAD	Satisfactory	PIPE		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Compressor	5	Satisfactory			
VRU	2	Satisfactory			
Bird Protectors	13	Satisfactory			
Veritcal Heater Treater	5	Satisfactory			
Plunger Lift	5	Satisfactory			
Ancillary equipment	7	Satisfactory	METHANOL PUMPS AND TANKS AT WELLHEADS AND METER RUN		
Gas Meter Run	1	Satisfactory			
Horizontal Heated Separator	5	Satisfactory			
Emission Control Device	3	Satisfactory			

Inspector Name: Rains, Bill

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	5	400 BBLS	FIBERGLASS AST	,
S/U/V:	Satisfactory	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	
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Comment					
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Facilities:	<input type="checkbox"/> New Tank	Tank ID: _____
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Contents	#	Capacity	Type	SE GPS
CRUDE OIL	15	400 BBLS	STEEL AST	,

S/U/V:	Satisfactory	Comment:		
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Corrective Action:				Corrective Date:	
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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	
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Comment					
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Venting:		
Yes/No	Comment	
NO		

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ignitor/Combustor	Satisfactory			

Predrill

Location ID: 427478

Site Preparation:

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

S/U/V: _____

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

Form 2A COAs:

Group	User	Comment	Date
OGLA	koepsear	Operator must implement site-specific best management practices in accordance with good engineering practices, including, but not limited to, construction of a berm or diversion dike, site grading, or other comparable measures, sufficient to protect Crow Creek 194 feet east of the oil and gas location from a release of drilling, completion, produced fluids, and chemical products.	01/09/2012

S/U/V: _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:**

BMP Type	Comment
Storm Water/Erosion Control	Area 2: This Stormwater Management Plan contains required elements associated with PDC's construction activities for Area 2, 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.
Storm Water/Erosion Control	This Stormwater Management Plan contains required elements associated with PDC's construction activities for Area 2, 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

Inspector Name: Rains, Bill

Facility ID: 427478 Type: WELL API Number: 123-35003 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 429638 Type: WELL API Number: 123-35851 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 429639 Type: WELL API Number: 123-35852 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 429640 Type: WELL API Number: 123-35853 Status: PR Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: FLOWLINE AVAILABLE-CONNECTED

S/V: Satisfactory

CA Date:

CA:

Comment:

Facility ID: 429661 Type: WELL API Number: 123-35859 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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:

DWR Receipt Num: Owner Name: GPS : Lat Long

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:	<u>DRY LAND, HAY MEADOW</u>		
Comment:	<div style="border: 1px solid black; height: 20px;"></div>		
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?	_____	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 ? <u>Pass</u>
1003c.	Compacted areas have been cross ripped?	<u>Pass</u>	
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? <u>Pass</u>
RESTORATION AND REVEGETATION			
<u>Cropland</u>			
	Top soil replaced _____	Recontoured _____	Perennial forage re-established _____
<u>Non-Cropland</u>			
	Top soil replaced <u>Pass</u>	Recontoured <u>Pass</u>	80% Revegetation _____
1003 f.	Weeds Noxious weeds?	<u>P</u>	
Comment:	<div style="border: 1px solid black; height: 20px;"></div>		
Overall Interim Reclamation		In Process	

Date Final Reclamation Started: _____	Date Final Reclamation Completed: _____
Final Land Use: <u>DRY LAND, HAY MEADOW</u>	
Reminder: _____	
Comment: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
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 _____

Inspector Name: Rains, Bill

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ In Process _____ 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