

Inspector Name: Rickard, Jeffrey

**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:

04/04/2014

Document Number:

674100550

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	432991	432988	Rickard, Jeffrey	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:

Name of Operator: SYNERGY RESOURCES CORPORATIONAddress: 20203 HIGHWAY 60City: PLATTEVILLE State: CO Zip: 80651

- ☐ 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
Sanquist, Rhonda	970-737-1073	rsandquist@syrinfo.com	
Rasmuson, Craig	970-737-1073	crasmuson@syrinfo.com	
Pennington, Dave		dpennington@syrinfo.com	Synergy Inspection

Compliance Summary:QtrQtr: SWNW Sec: 5 Twp: 2N Range: 68W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
432982	WELL	XX	05/19/2013	LO	123-37389	SRC Union 11-5D	XX	<input checked="" type="checkbox"/>
432984	WELL	AL	01/17/2014	LO	123-37391	SRC Union 5FD	AL	<input type="checkbox"/>
432986	WELL	XX	05/19/2013	LO	123-37393	SRC Union 5JD	XX	<input checked="" type="checkbox"/>
432989	WELL	AL	01/17/2014	LO	123-37395	SRC Union 12-5D	AL	<input type="checkbox"/>
432990	WELL	DG	02/11/2014	LO	123-37396	SRC Union 12-5CHZ	DG	<input checked="" type="checkbox"/>
432991	WELL	DG	03/27/2014	LO	123-37397	SRC Union A-5NHZ	DG	<input checked="" type="checkbox"/>
432992	WELL	XX	05/19/2013	LO	123-37398	SRC Union A-5CHZ	XX	<input checked="" type="checkbox"/>
432993	WELL	DG	01/03/2014	LO	123-37399	SRC Union C-5NHZ	DG	<input checked="" type="checkbox"/>
432994	WELL	XX	05/19/2013	LO	123-37400	SRC Union 12-5NHZ	XX	<input checked="" type="checkbox"/>
435075	WELL	DG	01/26/2014	LO	123-38451	SRC Union C-5CHZ	DG	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>10</u>	Production Pits: _____
Condensate Tanks: <u>22</u>	Water Tanks: <u>11</u>	Separators: <u>10</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: <u>2</u>	VOC Combustor: <u>12</u>	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

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Location

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 432991

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: 432982 Type: WELL API Number: 123-37389 Status: XX Insp. Status: XX

Facility ID: 432986 Type: WELL API Number: 123-37393 Status: XX Insp. Status: XX

Facility ID: 432990 Type: WELL API Number: 123-37396 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: Ensign 121 Pusher/Rig Manager: _____
 Permit Posted: Satisfactory Access Sign: Satisfactory

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
 Multi-Well: YES Disposal Location: _____

Comment:

Facility ID: 432991 Type: WELL API Number: 123-37397 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: Ensign 121 Pusher/Rig Manager: _____
 Permit Posted: Satisfactory Access Sign: Satisfactory

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
 Multi-Well: YES Disposal Location: _____

Comment:

Facility ID: 432992 Type: WELL API Number: 123-37398 Status: XX Insp. Status: XX

Facility ID: 432993 Type: WELL API Number: 123-37399 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: Ensign 121 Pusher/Rig Manager: _____
 Permit Posted: Satisfactory Access Sign: Satisfactory

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment:

Facility ID: 432994 Type: WELL API Number: 123-37400 Status: XX Insp. Status: XX

Facility ID: 435075 Type: WELL API Number: 123-38451 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: Ensign 121 Pusher/Rig Manager: _____
 Permit Posted: Satisfactory Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
 Multi-Well: YES Disposal Location: _____

Comment:**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: IRRIGATED

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 _____

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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

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: 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
Gravel	Pass					
Other	Pass					VTP

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S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT