

**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:

04/16/2014

Document Number:

664001660

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|---------------|---------------|--------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>227357</u> | <u>313952</u> | <u>SCHURE, KYM</u> | <input type="checkbox"/> | |

Operator Information:

OGCC Operator Number:

Name of Operator: BLACK RAVEN ENERGY INCAddress: 1331 17TH STREET - #350City: DENVER State: CO Zip: 80202

- ☐ 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 |
|----------------|-------|--------------------------------|---------|
| Hataway, Billy | | bhataway@enerjexresources.com | |
| Alstadt, J. | | jaldstadt@enerjexresources.com | |

Compliance Summary:QtrQtr: SWSE Sec: 13 Twp: 1N Range: 58W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 02/17/2011 | 200297741 | PR | TA | Unsatisfactory | | | Yes |
| 06/24/2004 | 200056257 | PR | WO | Satisfactory | | Pass | Yes |
| 01/21/2004 | 200048733 | MT | TA | Satisfactory | | Pass | Yes |
| 03/15/1999 | 500156089 | SR | SI | | | Pass | No |
| 02/09/1999 | 500156088 | SR | SI | | | Pass | No |

Inspector Comment:

MIT SATISFACTORY Maintain SI/TA status Casing pressure before test 0, Casing pressure at start of test 360 psi., Casing pressure at 5 min. 350psi., Casing pressure at 10 min. 350psi., Casing pressure at 15 min. 350psi. Loss or Gain -10psi.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-------------------------|-------------|-------------------------------------|
| 227357 | WELL | PR | 07/17/1998 | | 087-08100 | ADENA J SAND UNIT 13-59 | 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**Lease Road:**

| | | | | |
|--------|-----------------------------|---------|-------------------|------|
| Type | Satisfactory/Unsatisfactory | comment | Corrective Action | Date |
| Access | Satisfactory | | | |

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

☐ Multiple Spills and Releases?**Fencing/:**

| | | | | |
|----------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Satisfactory | | | |

Venting:

| | |
|--------|---------|
| Yes/No | Comment |
| | |

Flaring:

| | | | | |
|------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 227357

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: 227357 Type: WELL API Number: 087-08100 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: MIT performed to maintain SI status SATISFACTORY

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: SCHURE, KYM

| | | | |
|---|--|------------------------------|------------|
| Comment: <input style="width:700px" type="text"/> | | | |
| 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: | | | |
| <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: 04/16/2014 |
| Land Use: _____ | |
| Comment: Footprint reduced | |
| 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? _____ CM _____ | |
| CA _____ | CA Date _____ |
| Guy line anchors marked? _____ CM _____ | |
| CA _____ | CA Date _____ |
| 1003b. Area no longer in use? <u>In</u> Production areas stabilized ? <u>Pass</u> | |
| 1003c. Compacted areas have been cross ripped? _____ | |
| 1003d. Drilling pit closed? <u>Pass</u> Subsidence over on drill pit? <u>Pass</u> | |
| Cuttings management: _____ | |
| 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? <u>In</u> | |
| Production areas have been stabilized? <u>Pass</u> | Segregated soils have been replaced? <u>Pass</u> |

RESTORATION AND REVEGETATION

Cropland

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

Inspector Name: SCHURE, KYM

Non-Cropland

Top soil replaced _____

Recontoured Pass

80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

Comment: Footprint reduced

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | | | | | |

S/U/V: Satisfactory Corrective Date: _____

Comment: No surface erosion from stormwater runoff observed

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT