

**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:

05/22/2014

Document Number:

668301565

Overall Inspection:

**ACTION REQUIRED****FIELD INSPECTION FORM**

|                     |             |        |                  |                          |             |
|---------------------|-------------|--------|------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name:  | On-Site Inspection       | 2A Doc Num: |
|                     | 241897      | 318681 | JOHNSON, RANDELL | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 10340Name of Operator: SUNDANCE ENERGY INCAddress: 633 17TH STREET #1950City: 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             |
|-----------------|--------------|------------------------------|---------------------|
| Petrik, Ann     | 303-543-5700 | apetrik@sundanceenergy.net   | Operations Tech     |
| Thulin, Kevin   | 303-543-5702 | kthulin@sundanceenergy.net   | Production Engineer |
| Robinson, Julia | 303-543-5700 | jrobinson@sundanceenergy.net | Operations Tech     |

**Compliance Summary:**QtrQtr: NWSE Sec: 21 Twp: 2N Range: 67W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 01/22/2014 | 600000689 | PR         | PR          | <b>ACTION REQUIRED</b>        | P        |                | No              |
| 05/12/2004 | 200054395 | PR         | PR          | SATISFACTOR Y                 |          | Pass           | No              |
| 08/29/2000 | 200009173 | CO         | PR          | SATISFACTOR Y                 |          | Pass           | No              |
| 09/29/1998 | 500164651 | PR         | PR          |                               |          | Fail           | Yes             |
| 02/07/1996 | 500164650 | PR         | PR          |                               |          | Fail           | Yes             |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name  | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|
| 103351      | PIT  | CL     | 09/23/1999  |            | -         | LEONARD 33-21  | CL          |
| 103352      | PIT  | CL     | 09/23/1999  |            | -         | LEONARD 33-21  | CL          |
| 103357      | PIT  | CL     | 09/23/1999  |            | -         | LEONARD 33-21  | CL          |
| 241897      | WELL | PR     | 06/23/1979  | OW         | 123-09688 | LEONARD 33-21  | PR          |
| 302065      | WELL | AL     | 03/18/2014  | LO         | 123-30217 | LEONARD 33-21J | AL          |

**Equipment:****Location Inventory**

|                             |                         |                     |                         |
|-----------------------------|-------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: <u>2</u> | Wells: <u>2</u>     | Production Pits: _____  |
| Condensate Tanks: _____     | Water Tanks: _____      | Separators: _____   | Electric Motors: _____  |
| Gas or Diesel Motors: _____ | Cavity Pumps: _____     | LACT Unit: _____    | Pump Jacks: <u>1</u>    |
| 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/Action Required | Comment   | Corrective Action                     | CA Date    |
| WELLHEAD             | ACTION REQUIRED              | No well name, well location, operator name or emergency contact information signage at wellhead | Install sign to comply with rule 210. | 07/06/2014 |

Emergency Contact Number (S/A/V): ACTION Corrective Date: 07/06/2014Comment: No emergency contact information signage at wellhead locationCorrective Action: Provide emergency contact information signage at wellhead

| <b>Spills:</b> |      |        |   |            |
|----------------|------|--------|---|------------|
| Type           | Area | Volume | Corrective action   | CA Date    |
|                |      |        | Remove or remediate stained soil at wellhead/Cited on previous inspection - past corrective action date of 02/22/14 | 02/02/2014 |
|                |      |        | Remove or remediate stained soil on lease road approximately 30 yards to the west of the wellhead                   | 07/06/2014 |

☐ Multiple Spills and Releases?

| <b>Fencing/:</b> |                              |   |                   |         |
|------------------|------------------------------|---|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment   | Corrective Action | CA Date |
|                  |                              | See related inspection document #600000689 for information concerning fencing |                   |         |

| <b>Equipment:</b> |   |                              |   |         |
|-------------------|---|------------------------------|---|---------|
| Type              | # | Satisfactory/Action Required | Comment   | CA Date |
|                   |   |                              | See related inspection document #600000689 for information concerning equipment |         |

|                          |                              |  |   |                       |            |
|--------------------------|------------------------------|--|---|-----------------------|------------|
| <b>Facilities:</b>       |                              | <input type="checkbox"/> New Tank                      |   | Tank ID: _____        |            |
| Contents                 | #                            | Capacity   | Type  | SE GPS                |            |
|                          |                              |  | CENTRALIZED BATTERY   | 40.117530,-104.902730 |            |
| S/A/V:                   | SATISFACTORY                 |  | Comment: See related inspection document #600000689 for information concerning facilities |                       |            |
| 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/Action Required |  | Comment   | Corrective Action     | CA Date    |
|                          |                              |  |   |                       |            |
| <b><u>Predrill</u></b>   |                              |  |   |                       |            |
| Location ID: 241897      |                              |  |   |                       |            |
| <b>Site Preparation:</b> |                              |  |   |                       |            |
| Lease Road Adeq.:        |                              | Pads:  | Soil Stockpile:   |                       |            |
| S/A/V: _____             |                              |  |   |                       |            |
| Corrective Action:       |                              | Date:  | CDP Num.:   |                       |            |
| <b>Form 2A COAs:</b>     |                              |  |   |                       |            |
| Group                    | User                         | Comment  |   |                       | Date       |
| Agency                   | walkerv                      | CLOSED LOOP OR LINED PIT MUST BE USED AT THIS LOCATION |   |                       | 06/03/2010 |

|     |           |  |            |
|-----|-----------|--|------------|
| DOW | greenmanc | <p>1. There will be no human disturbance or construction activity within 0.5 mile of the active bald eagle nest from November 15 to July 31. The July 31 date may be advanced if monitoring shows the chicks have left the nest before this date.</p> <p>2. There will be no major planned work with workover rigs, such as refracs, recompletions, or reworks, between November 1 and July 31. Minor workover or swabbing to improve production that could be completed within a 2-day time frame would be allowed.</p> <p>3. There will be no open pits on the location after drilling and completion operations are completed. After this time, fluids will be transported by pipeline to a tank battery located approximately 3050 ft WSW of the proposed wellhead. Construction of the flowline will conform to the timeframe stated in #1. If a closed loop system is not used, the reserve pit will be sucked dry of fluids immediately following drilling and completion activities, and between drilling and completion activities; or pits with residual fluid will be netted or screened until reclamation is completed.</p> <p>4. Before drilling, prairie dog holes within 150 ft of the well site should be destroyed during the period August 1 through March 1 to prevent nesting by burrowing owls.</p> | 05/18/2010 |
|-----|-----------|--|------------|

**S/A/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Wildlife BMPs:**

**S/A/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: 241897 Type: WELL API Number: 123-09688 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: IMPROVED PASTURE

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

1003a. Debris removed? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Waste Material Onsite? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Pit, cellars, rat holes and other bores closed? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors removed? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors marked? \_\_\_\_\_ CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

1003d. Drilling pit closed? \_\_\_\_\_ Subsidence over on drill pit? \_\_\_\_\_

Inspector Name: JOHNSON, RANDELL

Cuttings management: \_\_\_\_\_

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? Pass

Production areas have been stabilized? Pass

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 Pass

**Final Reclamation/ Abandoned Location:**

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

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

Final Land Use: 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    |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|------------|
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |            |
| Compaction       | Pass            | Compaction              | Pass                  |               |                          |            |
| Other            | Pass            | Other                   | Pass                  |               |                          | Vegetation |

S/A/V: SATISFACTOR Corrective Date: \_\_\_\_\_

Y

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

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

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