

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:
09/24/2014

Document Number:
674101416

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>435172</u>	<u>435175</u>	<u>Rickard, Jeffrey</u>	2A Doc Num:	_____

Operator Information:

OGCC Operator Number:	<u>10311</u>
Name of Operator:	<u>SYNERGY RESOURCES CORPORATION</u>
Address:	<u>20203 HIGHWAY 60</u>
City:	<u>PLATTEVILLE</u> State: <u>CO</u> Zip: <u>80651</u>

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

Compliance Summary:

QtrQtr: SWNW Sec: 10 Twp: 6N Range: 67W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
435172	WELL	DG	07/09/2014	LO	123-38493	Weld 152 41-10CHZ	DG	<input checked="" type="checkbox"/>
435173	WELL	DG	07/09/2014	LO	123-38494	Weld 152 41-10NHZ	DG	<input checked="" type="checkbox"/>
435174	WELL	DG	07/09/2014	LO	123-38495	Weld 152 31-10CHZ	DG	<input checked="" type="checkbox"/>
435189	WELL	DG	07/09/2014	LO	123-38501	Weld 152 C-10CHZ	DG	<input checked="" type="checkbox"/>
435190	WELL	DG	07/09/2014	LO	123-38502	Weld 152 C-10NHZ	DG	<input checked="" type="checkbox"/>
435191	WELL	DG	08/08/2014	LO	123-38503	Weld 152 31-10NHZ	DG	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>6</u>	Production Pits: _____
Condensate Tanks: <u>12</u>	Water Tanks: <u>4</u>	Separators: <u>6</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: <u>1</u>	VOC Combustor: <u>4</u>	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
DRILLING/RECOMP	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Venting:	
Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 435172

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

S/A/V: _____
 Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	andrewsd	Temporary Large Volume Storage Tanks (TLVSTs) may only be utilized for the storage of freshwater obtained legally from an adjudicated consumable water supply. E&P wastes, including treated E&P wastes and flowback during hydraulic fracturing operations, are not allowed.	11/20/2013
OGLA	andrewsd	TLVST designs shall be sealed by a Colorado Licensed Professional Engineer.	11/20/2013
OGLA	andrewsd	TLVSTs shall not be located on non-engineered fill material. If areas are to be graded and disturbed, the operator shall conduct such activity in accordance with COGCC Rules 1002.b. and 1002.c.	11/20/2013
OGLA	andrewsd	TLVSTs will be operated with a minimum of 1 foot freeboard.	11/20/2013
OGLA	andrewsd	COGCC Rules 604.a. and 605.a.(2,3,5,6,7, and 8), as applicable to tank setbacks at the time of installation shall apply to the siting of TLVSTs.	11/20/2013
OGLA	andrewsd	Best Management Practices shall be employed to prevent injuries, property damage or environmental impacts, such as erosion of onsite sediment into nearby surface water	11/20/2013
OGLA	andrewsd	Signs shall be posted on each TLVST to indicate contents are freshwater and that no E&P waste fluids are allowed. Location and additional signage shall conform to Rule 210.	11/20/2013
OGLA	andrewsd	Site preparation and installation oversight will be provided by a Professional Engineer or their designated representative.	11/20/2013

OGLA	andrewsd	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 the ponds located 131 feet and 165 feet southeast, and the irrigation ditches located 136 feet north, 167 feet east, 206 feet south, and 282 feet south of the oil and gas location from a release of drilling, completion, produced fluids, and chemical products.	11/20/2013
OGLA	andrewsd	Operator shall develop a Contingency Plan for any TLVST leak or catastrophic failure of the tank integrity and resulting loss of fluid. The plan should include a notification process to the COGCC and local Emergency authority (municipality, county or both) for any failure and resulting loss of fluid. The Contingency Plan shall be made available to the COGCC upon request.	11/20/2013
OGLA	andrewsd	All liner seams shall be welded at the liner manufacturers facility; field welded liners shall not be used. If liners are re-used, liner installation shall be noticed on a Form 42 to COGCC 48-hours prior to installation.	11/20/2013
OGLA	andrewsd	TLVSTs will be brought into service incrementally, by loading to 25%, 50%, 75%, and 100% capacity (subject to freeboard) and held at each level without leaks for 24-hours prior to increasing load.	11/20/2013
OGLA	andrewsd	Should a failure of TLVST integrity occur, operator shall notify COGCC upon discovery, report the incident to COGCC on a Form 22-Accident Report within 10 days and shall conduct a "root cause analysis" and provide it to COGCC on a Form 4-Sundry Notice within 30 days of the failure.	11/20/2013
OGLA	andrewsd	Access to the tanks shall be limited to operational personnel.	11/20/2013
OGLA	andrewsd	Operators or their designated representatives shall conduct regular visual inspections of the exterior wall and general area for any integrity deficiencies. These inspections will be recorded and maintained for a period of at least 5 years per Rule 205. Inspection records shall be provided to the COGCC upon request.	11/20/2013

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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:

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Facility

Facility ID: <u>435172</u>	Type: <u>WELL</u>	API Number: <u>123-38493</u>	Status: <u>DG</u>	Insp. Status: <u>DG</u>
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Well Drilling

Rig: Rig Name: Ensign 134 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:

Facility ID: <u>435173</u>	Type: <u>WELL</u>	API Number: <u>123-38494</u>	Status: <u>DG</u>	Insp. Status: <u>DG</u>
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Well Drilling

Rig: Rig Name: Ensign 134 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:

Facility ID: <u>435174</u>	Type: <u>WELL</u>	API Number: <u>123-38495</u>	Status: <u>DG</u>	Insp. Status: <u>DG</u>
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Well Drilling

Rig: Rig Name: Ensign 134 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:

Facility ID: <u>435189</u>	Type: <u>WELL</u>	API Number: <u>123-38501</u>	Status: <u>DG</u>	Insp. Status: <u>DG</u>
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Well Drilling

Rig: Rig Name: Ensign 134 Pusher/Rig Manager: _____
Permit Posted: _____ 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:

Facility ID: 435190 Type: WELL API Number: 123-38502 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: Ensign 134 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:

Facility ID: 435191 Type: WELL API Number: 123-38503 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: Ensign 134 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: _____ Lat _____ Long _____
 DWR Receipt Num: _____ Owner Name: _____ GPS: _____

Field Parameters: _____

Sample Location: _____

Emission Control Burner (ECB): Y
 Comment: _____
 Pilot: _____ Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Interim Reclamation:
 Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____
 Land Use: IRRIGATED
 Comment: _____

1003a. Debris removed? In CM _____ CA _____ CA Date _____
 Waste Material Onsite? In CM _____ CA _____ CA Date _____
 Unused or unneeded equipment onsite? In 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? Pass CM _____ CA _____ CA Date _____

1003b. Area no longer in use? In Production areas stabilized? _____
 1003c. Compacted areas have been cross ripped? In
 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

Inspector Name: Rickard, Jeffrey

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

S/A/V: SATISFACTOR Corrective Date: _____

Y _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT