

**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:  
02/05/2015

Document Number:  
673900714

Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>428325</u>	<u>428324</u>	<u>Rains, Bill</u>	<input type="checkbox"/>	

**Operator Information:**

OGCC Operator Number:	<u>8960</u>
Name of Operator:	<u>BONANZA CREEK ENERGY OPERATING COMPANY</u>
Address:	<u>410 17TH STREET SUITE #1400</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202</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
Jones, Allen		jaj@bonanzacrk.com	send all Insp. to Allen

**Compliance Summary:**

QtrQtr: SESW Sec: 22 Twp: 7N Range: 62W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/03/2012	661601267			SATISFACTORY			No

**Inspector Comment:**

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
428325	WELL	WO	07/06/2012	LO	123-35322	Crow Valley 7-62-22 2H	PR	<input checked="" type="checkbox"/>
439481	SPILL OR RELEASE	AC	10/27/2014		-	SPILL/RELEASE POINT	AC	<input type="checkbox"/>

**Equipment:**

Location Inventory

Special Purpose Pits: <u>      </u>	Drilling Pits: <u>      </u>	Wells: <u>  1  </u>	Production Pits: <u>      </u>
Condensate Tanks: <u>      </u>	Water Tanks: <u>  2  </u>	Separators: <u>  1  </u>	Electric Motors: <u>  2  </u>
Gas or Diesel Mortors: <u>  1  </u>	Cavity Pumps: <u>  1  </u>	LACT Unit: <u>  1  </u>	Pump Jacks: <u>  1  </u>
Electric Generators: <u>  1  </u>	Gas Pipeline: <u>      </u>	Oil Pipeline: <u>      </u>	Water Pipeline: <u>      </u>
Gas Compressors: <u>  1  </u>	VOC Combustor: <u>  1  </u>	Oil Tanks: <u>  4  </u>	Dehydrator Units: <u>  2  </u>
Multi-Well Pits: <u>      </u>	Pigging Station: <u>      </u>	Flare: <u>  2  </u>	Fuel Tanks: <u>      </u>

**Location**

<b>Signs/Marker:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

Inspector Name: Rains, Bill

TANK LABELS/PLACARDS	SATISFACTORY		
CONTAINERS	SATISFACTORY		
BATTERY	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?				

**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION	SATISFACTORY	WIRE		

**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Veritcal Heater Treater	1	SATISFACTORY			
Prime Mover	1	SATISFACTORY	GAS ENGINE		
VRU	1	SATISFACTORY			
Pump Jack	1	SATISFACTORY			
Emission Control Device	2	SATISFACTORY			
Gas Meter Run	1				
Ancillary equipment	5	SATISFACTORY	METH PUMP, WIND GENERATOR, SOLAR PANEL, SATELLITE DISH AND PROPAIN TANK		
Bird Protectors	3	SATISFACTORY			
Vertical Separator	1	SATISFACTORY			

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
			CENTRALIZED PAD	

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

Corrective Action: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

**Paint**

Condition \_\_\_\_\_

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action					Corrective Date
Comment					

**Facilities:**       New Tank      Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST	,
S/A/V: SATISFACTORY	Comment:			
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action				Corrective Date
Comment				

**Facilities:**       New Tank      Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	3	400 BBLS	STEEL AST	40.000000,
S/A/V: SATISFACTORY	Comment:			
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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
Comment				

**Venting:**

Yes/No	Comment
NO	

**Flaring:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

**Predrill**

Inspector Name: Rains, Bill

Location ID: 428325

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

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

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

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

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

**Wildlife BMPs:**

BMP Type	Comment
General Housekeeping	Housekeeping will consist of neat and orderly storage of materials and fluids. Wastes will be temporarily stored in sealed containers and regularly collected and disposed of at offsite, suitable facilities. If spills occur prompt cleanup is required to minimize any commingling of waste materials with stormwater runoff. Routine maintenance will be limited to fueling and maintenance will be containerized and transported offsite for disposal or recycling. There will be no major equipment overhauls conducted onsite. Equipment will be transported offsite for major overhauls.
Material Handling and Spill Prevention	Spill prevention control and counter measures (SPCC) plans will be in place to address any possible spills associated with Oil and Gas operations throughout the State of Colorado in accordance with 40 CFR 112.
Storm Water/Erosion Control	Stormwater Management Plans (SWMP) will be in place to address construction, drilling and operations associated with Oil and Gas Development throughout the state of Colorado in accordance with Colorado Department of Public Health (CDPHE). BMPS will be constructed around the perimeter of the site prior to or at the beginning of construction. BMPs used will vary according to the location and will remain in place until the pad reaches final reclamation.
General Housekeeping	Cleanup will consist of patrolling the roadways, access areas, and other work areas to pick up trash, scrap debris, other discarded materials, and any containment soil. These materials will be disposed of properly.

**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: 428325 Type: WELL API Number: 123-35322 Status: WO Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: BRADENHEAD EXPOSED TO SURFACE

CA:

CA Date:

**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): Y

Comment:

Pilot: ON Wildlife Protection Devices (fired vessels): YES

**Reclamation - Storm Water - Pit**

**Interim Reclamation:**

Date Interim Reclamation Started:  Date Interim Reclamation Completed:

Land Use: DRY LAND

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?  Pass  Subsidence over on drill pit?  Pass

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?  Pass  Segregated soils have been replaced?  In

**RESTORATION AND REVEGETATION**

Cropland

Top soil replaced  Recontoured  Perennial forage re-established

Non-Cropland

Top soil replaced  In  Recontoured  In  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: DRY LAND

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	MHSP	Pass	
Berms	Pass					

Inspector Name: Rains, Bill

S/A/V: SATISFACTOR  
Y

Corrective Date: \_\_\_\_\_

Comment:

CA:

**Pits:**  NO SURFACE INDICATION OF PIT