

**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:  
06/16/2015

Document Number:  
667500373

Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	436665	436661	Rickard, Jeff	<input type="checkbox"/>	

**Operator Information:**

OGCC Operator Number: 8960

Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY

Address: 410 17TH STREET SUITE #1400

City: 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
Jones,		EHSRC@bonanzacrk.com	All Bonanza Creek Inspections

**Compliance Summary:**

QtrQtr: NENW Sec: 4 Twp: 4N Range: 62W

**Inspector Comment:**

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159519	SPILL OR RELEASE	AC	01/05/2015		-	SPILL/RELEASE POINT	AC	<input type="checkbox"/>
436662	WELL	DG	01/03/2015		123-39209	State Seventy Holes 21-24-4HNB	PR	<input checked="" type="checkbox"/>
436663	WELL	DG	01/10/2015		123-39210	State Seventy Holes F-J-4HNB	PR	<input checked="" type="checkbox"/>
436664	WELL	DG	12/30/2014		123-39211	State Seventy Holes K21-O24-4HNB	PR	<input checked="" type="checkbox"/>
436665	WELL	DG	01/06/2015		123-39212	State Seventy Holes F21-J24-4HNB	PR	<input checked="" type="checkbox"/>
436666	WELL	DG	01/14/2015		123-39213	State Seventy Holes F-J-4HC	PR	<input checked="" type="checkbox"/>

**Equipment:**

Location Inventory

Special Purpose Pits: <u>      </u>	Drilling Pits: <u>      </u>	Wells: <u>7</u>	Production Pits: <u>      </u>
Condensate Tanks: <u>4</u>	Water Tanks: <u>7</u>	Separators: <u>7</u>	Electric Motors: <u>13</u>
Gas or Diesel Mortors: <u>7</u>	Cavity Pumps: <u>      </u>	LACT Unit: <u>2</u>	Pump Jacks: <u>7</u>
Electric Generators: <u>4</u>	Gas Pipeline: <u>      </u>	Oil Pipeline: <u>      </u>	Water Pipeline: <u>      </u>
Gas Compressors: <u>10</u>	VOC Combustor: <u>8</u>	Oil Tanks: <u>25</u>	Dehydrator Units: <u>1</u>
Multi-Well Pits: <u>      </u>	Pigging Station: <u>1</u>	Flare: <u>1</u>	Fuel Tanks: <u>      </u>

**Location**

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

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

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

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

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

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

<b>Equipment:</b>					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	5	SATISFACTORY			

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

Contents	#	Capacity	Type	SE GPS
			CENTRALIZED BATTERY	,

S/A/V: \_\_\_\_\_ Comment: **Battery to the east.**

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: \_\_\_\_\_

<b>Venting:</b>	
Yes/No	Comment

<b>Flaring:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

**Predrill**

Location ID: 436665

**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
Construction	<p>The following procedure describes BCEI standard construction practices for setting a partially buried pre-cast cement water vault and new tank battery construction.</p> <ol style="list-style-type: none"> <li>1) The excavation will first be lined with 4" of clay or other low permeability soil.</li> <li>2) A 30 mil liner will be installed on top of the low permeability soil. The 30 mil liner will be a contiguous liner which will underlay the entire tank battery.</li> <li>3) The tank battery / water vault liner will be keyed into a galvanized steel containment ring installed surrounding the tank battery.</li> <li>4) Sand bedding will be installed to protect the synthetic liner prior to placing equipment in the containment area.</li> </ol>
Drilling/Completion Operations	<p>Temporary Large Volume Storage Tank (MLVT) Best Management Practices (BMPs)</p> <ul style="list-style-type: none"> <li>• 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 TVLSTs.</li> <li>• Signs shall be posted on each MLVT to indicate contents are freshwater and that no E&amp;P Waste fluids are allowed. Location and additional signage shall conform to Rule 210.</li> <li>• MLVTs may only be utilized for the storage of freshwater. E&amp;P wastes, including produced water, treated E&amp;P wastes, and flowback from hydraulic fracturing operations will not be allowed.</li> <li>• MLVTs shall not be located on non-engineered fill material. Subgrade preparation shall be verified by proof-rolling prior to MLVT installation.</li> <li>• All MLVT liners seams shall be welded at the liner manufacturer's facility. Field welded liners shall not be used. Liners shall not be reused.</li> <li>• Bonanza will develop a Contingency Plan specific to the location for any LVST leak or catastrophic failure of the tank integrity and resulting loss of fluid. The plan includes a notification process to the COGCC and local Emergency authority (municipality, county, or both) for any failure resulting in loss of fluid.</li> <li>• A minimum of 1 foot of freeboard will be maintained in all MLVTs.</li> <li>• Should a failure of MLVT integrity occur, Bonanza will notify COGCC upon discovery, report the incident to COGCC on a Form 22-Accident Report within 10 days of discovery, and conduct a root cause analysis. The results of the root cause analysis will be reported to COGCC on a Sundry-Form 4 within 30 days of discovery of the failure.</li> <li>• MLVTs will be constructed and operated in accordance with a design certified by a Colorado Licensed Professional Engineer.</li> <li>• Once in operation, MLVTs will be inspected daily and any deficiencies repaired as soon as practicable.</li> <li>• Access to the tanks shall be limited to operational personnel.</li> <li>• Bonanza will use only MLVTs supplied by Rockwater or other contractors that are knowingly complying with COGCC inspection, maintenance, and record keeping policies.</li> </ul>

**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: 436662 Type: WELL API Number: 123-39209 Status: DG Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: **Braden head is exposed at surface.**

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

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

Facility ID: 436663 Type: WELL API Number: 123-39210 Status: DG Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: **Braden head is exposed at surface.**

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

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

Facility ID: 436664 Type: WELL API Number: 123-39211 Status: DG Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: **Braden head is exposed at surface.**

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

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

Facility ID: 436665 Type: WELL API Number: 123-39212 Status: DG Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: Braden head is exposed at surface.

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

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

Facility ID: 436666 Type: WELL API Number: 123-39213 Status: DG Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Braden head is exposed at 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): \_\_\_\_\_

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

Pilot: \_\_\_\_\_ Wildlife Protection Devices (fired vessels): \_\_\_\_\_

**Reclamation - Storm Water - Pit**

**Interim Reclamation:**

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: RANGELAND

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 \_\_\_\_\_

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?     In     Production areas stabilized ?     In      
 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: RANGELAND

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
Waddles	Pass					
Gravel	Pass					

Inspector Name: Rickard, Jeff

S/A/V: SATISFACTOR  
Y

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

Comment:

CA:

**Pits:**  NO SURFACE INDICATION OF PIT