

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:
07/23/2015

Document Number:
673901046

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	436840	436843	Rains, Bill	2A Doc Num:	

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,		EHSRC@bonanzacrk.com	All Inspections

Compliance Summary:

QtrQtr: SWSW Sec: 9 Twp: 5N Range: 61W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159494	SPILL OR RELEASE	AC	01/02/2015		-	SPILL/RELEASE POINT	AC	<input type="checkbox"/>
436839	WELL	DG	07/20/2014	OW	123-39286	Pronghorn D-X-9HNB	PR	<input checked="" type="checkbox"/>
436840	WELL	DG	06/22/2014	OW	123-39287	Pronghorn C-W-9HNB	PR	<input checked="" type="checkbox"/>
436841	WELL	PR	06/30/2014	OW	123-39288	Pronghorn 13-43-9HNB	PR	<input checked="" type="checkbox"/>
436842	WELL	DG	07/17/2014	OW	123-39289	Pronghorn 14-44-9HNB	PR	<input checked="" type="checkbox"/>
438669	SPILL OR RELEASE	CL	08/22/2014		-	SPILL/RELEASE POINT	CL	<input 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>28</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

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
CONTAINERS	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
WELLHEAD	SATISFACTORY	Pipe		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Other	1	SATISFACTORY	Gas lift skid		
Plunger Lift	4	SATISFACTORY			
Compressor	4	SATISFACTORY			
Bird Protectors	11	SATISFACTORY			
VRU	2	SATISFACTORY			
Ancillary equipment	8	SATISFACTORY			
Gas Meter Run	14	SATISFACTORY			
Emission Control Device	4	SATISFACTORY			
Horizontal Heated Separator	7	SATISFACTORY			
Vertical Separator	1	SATISFACTORY	VRT		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
OTHER	1	<100 BBLS	BV CONCRETE	,

S/A/V: SATISFACTORY Comment: Maintenance vault

Corrective Action: _____ Corrective Date: _____

Paint

Condition: _____

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	500 BBLS	STEEL AST	,
S/A/V: SATISFACTORY	Comment:			
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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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	2	<100 BBLS	BV CONCRETE	,
S/A/V: SATISFACTORY	Comment:			
Corrective Action:				Corrective Date:

Paint

Condition	
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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	12	500 BBLS	STEEL AST	40.411430,-104.221820
S/A/V: SATISFACTORY	Comment:			
Corrective Action:				Corrective Date:

Paint

Inspector Name: Rains, Bill

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	Shared containment				

Venting:	
Yes/No	Comment
NO	

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

Predrill

Location ID: 436840

Site Preparation:

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

S/AV: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	HouseyM	Four color photographs of the reference area, taken during the growing season of vegetation and facing each cardinal direction, per Rule 303b(3)Gbb, shall be submitted within 12 months of the date of submittal of this Form 2A.	03/31/2014

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:

Facility

Facility ID: 436839 Type: WELL API Number: 123-39286 Status: DG Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: Bradenhead exposed to surface

CA:

CA Date:

Facility ID: 436840 Type: WELL API Number: 123-39287 Status: DG Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead exposed to surface

CA:

CA Date:

Facility ID: 436841 Type: WELL API Number: 123-39288 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead exposed to surface

CA:

CA Date:

Facility ID: 436842 Type: WELL API Number: 123-39289 Status: DG 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: CRP

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? _____ 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: CRP

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Inspector Name: Rains, Bill

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	Gravel	Pass	MHSP	Pass	

S/A/V: SATISFACTOR Corrective Date: _____
Y

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT