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

Inspection Date: 08/07/2015

Document Number: 673402345

Overall Inspection: SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection ☐
	212266	324648	Waldron, Emily	2A Doc Num:

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,	661-444-0999	EHSRC@bonanzacrk.com	All Inspections

Compliance Summary:

QtrQtr: NESW Sec: 34 Twp: 10N Range: 79W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/05/2014	668402508	IJ	AC	SATISFACTORY	P		No
07/25/2013	669300720	SI	AC	SATISFACTORY			No
08/28/2012	669300119	IJ	AC	SATISFACTORY	I		No
08/18/2011	200319028	RT	AC	SATISFACTORY			No
08/25/2010	200268508	RT	AC	SATISFACTORY	I		No
08/26/2009	200217171	MI	AC	SATISFACTORY			No
08/05/2009	200216029	MI	AC	ACTION REQUIRED			Yes
12/10/2008	200200635	RT	AC	SATISFACTORY			No
07/20/2007	200115588	RT	AC	SATISFACTORY		Pass	No
07/11/2006	200093189	RT	SI	SATISFACTORY	I	Pass	No
08/10/2005	200074876	RT	SI	SATISFACTORY		Pass	No
08/10/2004	200058401	MI	AC	SATISFACTORY		Pass	No
08/12/2003	200042748	MI	AC	ACTION REQUIRED		Fail	Yes
08/14/2002	200029646	MI	AC	ACTION REQUIRED		Pass	Yes
08/01/2001	200018331	RT	AC	SATISFACTORY		Pass	No
07/12/2000	200008220	RT	AC	SATISFACTORY		Pass	No
09/08/1994	500143945		AC			Pass	No

Inspector Comment:

Related Facilities:

Inspector Name: Waldron, Emily

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
212266	WELL	IJ	04/02/2015	WA	057-06159	MCCALLUM UNIT 95	IJ	☒

Equipment:

Location Inventory

Special Purpose Pits:		Drilling Pits:		Wells:		Production Pits:	
Condensate Tanks:		Water Tanks:		Separators:		Electric Motors:	
Gas or Diesel Mortors:		Cavity Pumps:		LACT Unit:		Pump Jacks:	
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

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

Comment:

Corrective Action:

Spills:

Type	Area	Volume	Corrective action	CA Date

☐ Multilple Spills and Releases?

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 212266

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:

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:	212266	Type:	WELL	API Number:	057-06159	Status:	IJ	Insp. Status:	IJ

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg) Inj Zone: PRREB

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 08/05/2014

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment:

Method of Injection: _____

Test Type: Verification of Repairs Tbg psi: _____ Csg psi: 760 BH psi: _____

Insp. Status: Pass

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): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

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? _____ Production areas stabilized ? _____

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: _____

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

Inspector Name: Waldron, Emily

S/A/V: _____ Corrective Date: _____

Comment:

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Inspector on location to witness MIT. MIT passed.	waldrone	08/07/2015