

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:
08/25/2015

Document Number:
673901078

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>437195</u>	<u>437190</u>	<u>Rains, Bill</u>	2A Doc Num:	_____

Operator Information:

OGCC Operator Number:	<u>10439</u>
Name of Operator:	<u>CARRIZO NIOBRARA LLC</u>
Address:	<u>500 DALLAS STREET #2300</u>
City:	<u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</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
Lowery, Sheldon	713-358-6492	sheldon.lowery@crzo.net	

Compliance Summary:

QtrQtr: SWSW Sec: 25 Twp: 8N Range: 60W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
437191	WELL	DG	07/17/2014	OW	123-39440	HEMBERGER 5-25-8-60	PR	<input checked="" type="checkbox"/>
437192	WELL	DG	07/08/2014	OW	123-39441	HEMBERGER 6-25-8-60	PR	<input checked="" type="checkbox"/>
437193	WELL	PR	12/01/2014	OW	123-39442	HEMBERGER 4-25-8-60	PR	<input checked="" type="checkbox"/>
437194	WELL	PR	12/01/2014	OW	123-39443	HEMBERGER 3-25-8-60	PR	<input checked="" type="checkbox"/>
437195	WELL	PR	12/01/2014	OW	123-39444	Hemberger 1-25-8-60	PR	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>5</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>5</u>	Separators: <u>7</u>	Electric Motors: _____
Gas or Diesel Mortors: <u>5</u>	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>5</u>
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>15</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: _____

Location

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

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Separator	1	SATISFACTORY			
Compressor	1	SATISFACTORY			
Vertical Separator	7	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			
Flare	1	SATISFACTORY			
Gas Meter Run	12	SATISFACTORY			
Veritcal Heater Treater	5	SATISFACTORY			
Ancillary equipment	15	SATISFACTORY	Oil chemical and propane tanks		
Bird Protectors	6	SATISFACTORY			
Plunger Lift	5	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	5	400 BBLS	FIBERGLASS 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
CRUDE OIL	19	400 BBLS	STEEL AST	40.627040,-104.046940

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
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
Field Flare	SATISFACTORY			

Predrill

Location ID: 437195

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	The construction location will be fenced.
Drilling/Completion Operations	Freshwater for the existing Freshwater Storage Pit comes from water provider; water sources permitted for consumable industrial use. Freshwater Storage Pit shall contain freshwater only and signage prohibiting the use of the pit for any fluid that does not come from municipal, irrigation or surface water source. Operator will implement interim reclamation measure immediately after construction of the location to stabilize cut and fill slopes, stabilize the topsoil and spoil stockpiles, establish desirable vegetation and control weeds on the location. An Open Hole Resistivity log will be provided for one well on this pad, preferable the number 4 well.
Material Handling and Spill Prevention	Operator will ensure 110 percent secondary containment for any volume of fluids contained at the well site during drilling and completion. Operator will implement best management practices to contain any unintentional release of fluids. Operator shall not allow any fluids to flow back to the Freshwater Storage Pit/Pond.
Planning	Existing Freshwater storage pit will be used that was permitted for the Hemberger 25-34-8-60 PAD.
Storm Water/Erosion Control	Operator has designed the well pad with insloping and a storm water control ditch to prevent sotrm water run-on/run-off and the release of fluids from the lcoation. See attached Construction Layout Drawing.

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: 437191 Type: WELL API Number: 123-39440 Status: DG Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **Bradenhead exposed to surface**

CA:

CA Date:

Facility ID: 437192 Type: WELL API Number: 123-39441 Status: DG Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **Bradenhead not exposed to surface**

CA:

CA Date:

Facility ID: 437193 Type: WELL API Number: 123-39442 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **Bradenhead exposed to surface**

CA:

CA Date:

Facility ID: 437194 Type: WELL API Number: 123-39443 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **Bradenhead not exposed to surface**

CA:

CA Date:

Facility ID: 437195 Type: WELL API Number: 123-39444 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: Bradenhead not 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:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

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: RANGELAND

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? _____

Inspector Name: Rains, Bill

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: 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
Berms	Pass	Ditches	Pass	MHSP	Pass	
Gravel	Pass					
Ditches	Pass	Gravel				

S/A/V: SATISFACTOR Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT