

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:
09/02/2015

Document Number:
675202014

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 334453 | 334453 | CONKLIN, CURTIS | <input type="checkbox"/> | |

Operator Information:

OGCC Operator Number: 10433

Name of Operator: PICEANCE ENERGY LLC

Address: 1512 LARIMER STREET #1000

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 |
|----------------|----------------|-----------------------------|-----------------------------------------------|
| Bankert, Wayne | (970) 683-5419 | wbankert@laramie-energy.com | Senior Regulatory & Environmental Coordinator |

Compliance Summary:

QtrQtr: SWSE Sec: 10 Twp: 10S Range: 93W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 11/21/2014 | 675200794 | | | SATISFACTORY | | | No |

Inspector Comment:

Follow up to inspection DOC# 675200794.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|-------------------------------------|
| 290703 | WELL | PR | 05/23/2007 | GW | 077-09298 | VEGA UNIT 10-334 | PR | <input checked="" type="checkbox"/> |
| 290704 | WELL | PR | 05/23/2007 | GW | 077-09297 | VEGA UNIT 10-234 | PR | <input checked="" type="checkbox"/> |
| 290705 | WELL | PR | 05/23/2007 | GW | 077-09296 | VEGA UNIT 10-434 | PR | <input checked="" type="checkbox"/> |
| 290706 | WELL | PR | 05/23/2007 | GW | 077-09295 | VEGA UNIT 10-431 | PR | <input checked="" type="checkbox"/> |
| 292279 | WELL | PR | 09/17/2007 | GW | 077-09391 | VEGA FEDERAL 10-344 | PR | <input checked="" type="checkbox"/> |
| 292280 | WELL | PR | 09/17/2007 | GW | 077-09390 | VEGA FEDERAL 10-241 | PR | <input checked="" type="checkbox"/> |
| 292281 | WELL | PR | 09/17/2007 | GW | 077-09389 | VEGA FEDERAL 10-444 | PR | <input checked="" type="checkbox"/> |
| 292282 | WELL | PR | 09/23/2009 | GW | 077-09388 | VEGA FEDERAL 10-441 | PR | <input checked="" type="checkbox"/> |
| 292283 | WELL | PR | 09/17/2007 | GW | 077-09387 | VEGA FEDERAL 10-341 | PR | <input checked="" type="checkbox"/> |
| 292284 | WELL | PR | 09/17/2007 | GW | 077-09386 | VEGA FEDERAL 10-244 | PR | <input checked="" type="checkbox"/> |

| 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

| Lease Road: | | | | |
|-------------|------------------------------|---------|-------------------|------|
| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
| Access | SATISFACTORY | | | |

| Signs/Marker: | | | | |
|----------------------|------------------------------|---------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |

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

Comment: 800-891-6191

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 |
| SEPARATOR | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |

| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ |
|--------------------|--------------|-----------------------------------|------------------|
| Contents | # | Capacity | Type |
| CONDENSATE | 1 | 400 BBLS | STEEL AST |
| S/A/V: | SATISFACTORY | Comment: | |
| Corrective Action: | | | Corrective Date: |

Paint

Condition: _____

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

| Berms | | | | |
|-------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |

| | | | | | |
|-------------------|----------|-----------------|----------------|----------|-----------------|
| Metal | Adequate | Walls Sufficent | Base Sufficent | Adequate | |
| Corrective Action | | | | | Corrective Date |
| Comment | | | | | |

Facilities: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|------------|---|----------|------------------|--------|
| CONDENSATE | 1 | 400 BBLS | HEATED 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 | Same | | | | |

Facilities: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------|---|----------|-----------|--------|
| METHANOL | 2 | <50 BBLS | STEEL AST | , |

| | | | | | |
|---------------------|------------------------------------------|--|--|--|------------------|
| S/A/V: SATISFACTORY | Comment: See sign section of inspection. | | | | |
| Corrective Action: | | | | | Corrective Date: |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|----------|---------------------|---------------------|-------------|
| Metal | Adequate | Walls Sufficent | Base Sufficent | Adequate |

| | | | | | |
|-------------------|--|--|--|--|-----------------|
| Corrective Action | | | | | Corrective Date |
| Comment | | | | | |

Venting:

| | |
|--------|---------|
| Yes/No | Comment |
| | |

Flaring:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Predrill

Location ID: 334453

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

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: 290703 Type: WELL API Number: 077-09298 Status: PR Insp. Status: PR

Producing Well

Comment: **PR w/ plunger**

Facility ID: 290704 Type: WELL API Number: 077-09297 Status: PR Insp. Status: PR

Producing Well

Comment: **PR w/ plunger**

Facility ID: 290705 Type: WELL API Number: 077-09296 Status: PR Insp. Status: PR

Producing Well

Comment: **PR w/ plunger**

Facility ID: 290706 Type: WELL API Number: 077-09295 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 292279 Type: WELL API Number: 077-09391 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 292280 Type: WELL API Number: 077-09390 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 292281 Type: WELL API Number: 077-09389 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 292282 Type: WELL API Number: 077-09388 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 292283 Type: WELL API Number: 077-09387 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 292284 Type: WELL API Number: 077-09386 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

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: _____

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 _____

Inspector Name: CONKLIN, CURTIS

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT