

Inspector Name: Rains, Bill

**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:

09/03/2015

Document Number:

673901083

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	438729	438730	Rains, Bill	<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 Inspections

**Compliance Summary:**

QtrQtr: NENE Sec: 32 Twp: 5N Range: 61W

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
438729	WELL	PR	06/22/2015		123-40108	State Pronghorn U-32-31MRLNB	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>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**

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

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

Inspector Name: Rains, Bill

Comment:

Corrective Action:

**Spills:**

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?
**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION	SATISFACTORY	Wire		

**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LACT		SATISFACTORY			
Gas Meter Run	20	SATISFACTORY			
Plunger Lift	1	SATISFACTORY			
VRU	4	SATISFACTORY			
Emission Control Device	11	SATISFACTORY			
Horizontal Separator	2	SATISFACTORY	VRT		
Compressor	2	SATISFACTORY			
Ancillary equipment	6	SATISFACTORY	Oil and chemical tanks		
Bird Protectors	14	SATISFACTORY			
Horizontal Heated Separator	3	SATISFACTORY			

**Facilities:**
☐ New Tank

Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
			CENTRALIZED BATTERY	,
S/A/V:		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
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		CENTRALIZED PAD		
S/A/V:		Comment:		
Corrective Action:				Corrective Date:
<u>Paint</u>				
Condition				
Other (Content)				
Other (Capacity)				
Other (Type)				
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				
<b>Facilities:</b> <input type="checkbox"/> New Tank      Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
OTHER	1	500 BBLS	STEEL AST	40.360280,-104.225170
S/A/V:	SATISFACTORY	Comment:	Maintenance tank	
Corrective Action:				Corrective Date:
<u>Paint</u>				
Condition	Adequate			
Other (Content)				
Other (Capacity)				
Other (Type)				
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				
<b>Facilities:</b> <input type="checkbox"/> New Tank      Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	BV CONCRETE	,
S/A/V:	SATISFACTORY	Comment:		
Corrective Action:				Corrective Date:
<u>Paint</u>				
Condition				
Other (Content)				
Other (Capacity)				
Other (Type)				
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

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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:			
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Corrective Action:					Corrective Date:	
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Paint

Condition	
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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						

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

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	4	1000 BBLS	STEEL AST	,

S/A/V:	SATISFACTORY	Comment:			
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Corrective Action:					Corrective Date:	
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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						

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

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	10	1000 GAL	STEEL AST	40.361850,-104.225110

S/A/V:	SATISFACTORY	Comment:			
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Corrective Action:					Corrective Date:	
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Paint

Condition	Adequate
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Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

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

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

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

**Predrill**

Location ID: 438729

**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:**

BMP Type	Comment
Construction	<p>VAULT</p> <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>

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<b>Drilling/Completion Operations</b>	<p>MLVTS</p> <p>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 MLVTS.</p> <p>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.</p> <p>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.</p> <p>MLVTS shall not be located on non-engineered fill material. Subgrade preparation shall be verified by proof-rolling prior to MLVT installation.</p> <p>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.</p> <p>Bonanza will develop a Contingency Plan specific to the location for any MLVT 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.</p> <p>A minimum of 1 foot of freeboard will be maintained in all MLVTS.</p> <p>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.</p> <p>MLVTS will be constructed and operated in accordance with a design certified by a Colorado Licensed Professional Engineer.</p> <p>Once in operation, MLVTS will be inspected daily and any deficiencies repaired as soon as practicable.</p> <p>Access to the tanks shall be limited to operational personnel.</p> <p>Bonanza will use only MLVTS supplied by Rockwater or other contractors that are knowingly complying with COGCC inspection, maintenance, and record keeping policies.</p>
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**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:**

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**Summary of Operator Response to Landowner Issues:**

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**Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:**

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**Facility**

Facility ID: 438729 Type: WELL API Number: 123-40108 Status: PR 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: 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 \_\_\_\_\_

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

S/A/V: SATISFACTOR

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

Y \_\_\_\_\_

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

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



<b>Pits:</b> <input checked="checked" type="checkbox"/> NO SURFACE INDICATION OF PIT	
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