

**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:
11/10/2015Document Number:
673901196Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	440841	440840	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: SESW Sec: 1 Twp: 5N Range: 62W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
440839	WELL	PR	06/24/2015	OW	123-41147	State Antelope J-1-36XRLNB	PR	<input checked="" type="checkbox"/>
440841	WELL	PR	06/24/2015	OW	123-41148	State Antelope J14-1-36XRLNC	PR	<input checked="" type="checkbox"/>
440842	WELL	PR	08/31/2015	LO	123-41149	State Antelope J24-1-36XRLNC	PR	<input checked="" type="checkbox"/>
440843	WELL	PR	08/31/2015		123-41150	State Antelope O24-1-36XRLNC	PR	<input checked="" type="checkbox"/>
440844	WELL	PR	06/24/2015	OW	123-41151	State Antelope 24-1-36XRLNB	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: <u> </u>	Drilling Pits: <u> </u>	Wells: <u>9</u>	Production Pits: <u> </u>
Condensate Tanks: <u> </u>	Water Tanks: <u>10</u>	Separators: <u>9</u>	Electric Motors: <u>9</u>
Gas or Diesel Mortors: <u>9</u>	Cavity Pumps: <u> </u>	LACT Unit: <u>2</u>	Pump Jacks: <u>9</u>
Electric Generators: <u>4</u>	Gas Pipeline: <u> </u>	Oil Pipeline: <u> </u>	Water Pipeline: <u> </u>
Gas Compressors: <u>9</u>	VOC Combustor: <u>7</u>	Oil Tanks: <u>24</u>	Dehydrator Units: <u>2</u>
Multi-Well Pits: <u> </u>	Pigging Station: <u>1</u>	Flare: <u>1</u>	Fuel Tanks: <u> </u>

Location

Inspector Name: Rains, Bill

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

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Bird Protectors	5	SATISFACTORY			
Gas Meter Run	10	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Chem tank		
Other	1	SATISFACTORY	Gas lift skid		
Horizontal Heated Separator	5	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	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action			Corrective Date	

Inspector Name: Rains, Bill

Comment				
Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	500 BBLS	STEEL AST	40.423200,-104.276090
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
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
Predrill				
Location ID: 440841				
Site Preparation:				
Lease Road Adeq.:		Pads:	Soil Stockpile:	
S/A/V: _____				
Corrective Action:		Date:	CDP Num.:	
Form 2A COAs:				
Group	User	Comment	Date	
OGLA	HouseyM	Unnecessary or excessive flaring is prohibited. Operator shall direct all salable quantity gas to a sales line as soon as practicable or shut in and conserved.	01/07/2015	
OGLA	HouseyM	Operator shall provide notice to COGCC 48 hours prior to commencing construction of this Oil and Gas Location via Form 42.	12/05/2014	
OGLA	HouseyM	If, in the event, the listed Production Facilities are removed from this Location, Operator shall submit a Form 4 Sundry updating the changes to the permitted facilities at this Location.	02/06/2015	
S/A/V: _____		Comment: _____		
CA: _____			Date: _____	
Wildlife BMPs:				
BMP Type	Comment			
Drilling/Completion Operations	Bonanza Creek Energy acknowledges and will comply with the "COGCC Policy On the Use of Modular Large Volume Tanks in Colorado" dated June 13, 2014.			

Inspector Name: Rains, Bill

Pre-Construction	Operator shall provide notice to COGCC 48 hours prior to commencing construction of this Oil and Gas Location via Form 42.
Construction	The following procedure describes BCEI standard construction practices for setting a partially buried pre-cast cement water vault and new tank battery construction. 1) The excavation will first be lined with 4" of clay or other low permeability soil. 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. 3) The tank battery / water vault liner will be keyed into a galvanized steel containment ring installed surrounding the tank battery. 4) Sand bedding will be installed to protect the synthetic liner prior to placing equipment in the containment area.

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: 440839 Type: WELL API Number: 123-41147 Status: PR Insp. Status: PR

Producing Well

Comment: pr

BradenHead

Comment: Bradenhead exposed to surface.

CA: _____

CA Date: _____

Facility ID: 440841 Type: WELL API Number: 123-41148 Status: PR Insp. Status: PR

Producing Well

Comment: pr

Inspector Name: Rains, Bill

BradenHead

Comment: Bradenhead exposed to surface.

CA:

CA Date:

Facility ID: 440842 Type: WELL API Number: 123-41149 Status: PR Insp. Status: PR

Producing Well

Comment: pr

BradenHead

Comment: Bradenhead exposed to surface.

CA:

CA Date:

Facility ID: 440843 Type: WELL API Number: 123-41150 Status: PR Insp. Status: PR

Producing Well

Comment: pr

BradenHead

Comment: Bradenhead exposed to surface.

CA:

CA Date:

Facility ID: 440844 Type: WELL API Number: 123-41151 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):

Comment:

Inspector Name: Rains, Bill

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

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? _____

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 _____

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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	Gravel	Pass	MHSP	Pass	

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

Comment: _____
CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT