

**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

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Inspection Date:
11/12/2015Document Number:
680700938Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	243070	319203	Peterson, Tom	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10311Name of Operator: SYNERGY RESOURCES CORPORATIONAddress: 20203 HIGHWAY 60City: PLATTEVILLE State: CO Zip: 80651

- ☐ 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
Dewey, Terry	(970) 366-2255	tdewey@syrginfo.com	Workover/P&A inspections
Pennington, David		dpennington@syrginfo.com	All inspections

Compliance Summary:QtrQtr: SESE Sec: 29 Twp: 1N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/09/2015	680700923	TA	PA	SATISFACTORY			No
05/07/2007	200123489	PR	PR	ACTION REQUIRED			Yes
10/18/2000	200011113	PR	SI	ACTION REQUIRED		Fail	Yes
08/22/1996	500166198	PR	SI			Fail	Yes
08/22/1996	500166199	PR	ND				

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
243070	WELL	TA	03/05/2013	GW	123-10861	PRATT 29-3	PA	<input checked="" type="checkbox"/>
418031	WELL	AL	12/28/2010	LO	123-31817	SRC Pratt 44-29D	AL	<input type="checkbox"/>
418033	WELL	PR	06/05/2011	OW	123-31819	SRC Pratt 34-29D	PR	<input checked="" type="checkbox"/>
418034	WELL	PR	07/05/2011	GW	123-31820	SRC Pratt 43-29D	PR	<input checked="" type="checkbox"/>
418035	WELL	PR	12/14/2012	GW	123-31821	SRC Pratt 29TD	PR	<input checked="" type="checkbox"/>
418036	WELL	PR	12/14/2012	GW	123-31822	SRC Pratt 29XD	PR	<input checked="" type="checkbox"/>
421226	WELL	PR	07/05/2011	OW	123-32857	SRC Pratt 29PD	PR	<input checked="" type="checkbox"/>

421239	WELL	PR	10/05/2011	OW	123-32862	SRC Pratt 33-29D	PR	<input checked="" type="checkbox"/>
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Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>7</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>3</u>	Separators: <u>6</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: <u>6</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>2</u>	Fuel Tanks: _____

Location**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
DRILLING/RECOMP	SATISFACTORY			
OTHER	SATISFACTORY	Lease road entrance		
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	ACTION REQUIRED	Incorrect sign on Pratt 29PD wellhead.	Install sign to comply with rule 210.	12/31/2015

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

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
WELLHEAD	SATISFACTORY	Architectural steel x 6		
TANK BATTERY	SATISFACTORY	Architectural steel		
SEPARATOR	SATISFACTORY	Architectural steel		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Pig Station	1	SATISFACTORY	N40.01765 W-105.02218		
Bird Protectors	8	SATISFACTORY			
Gas Meter Run	3	SATISFACTORY	One multiple tube meter run and two single tube meter runs.		
Plunger Lift	6	SATISFACTORY			

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Horizontal Heated Separator	6	SATISFACTORY	N40.01768 W-105.02229		
Emission Control Device	2	SATISFACTORY	N40.01786 W-105.02257		

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	200 BBLS	PBV FIBERGLASS	40.017450,-105.022770

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
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate

Corrective Action		Corrective Date	
Comment			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	7	300 BBLS	STEEL AST	40.017450,-105.022270

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
Earth	Adequate	Walls Sufficent	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: 243070

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: 243070 Type: WELL API Number: 123-10861 Status: TA Insp. Status: PA

BradenHead

Comment: Bradenhead is exposed at surface.

CA: _____

CA Date: _____

Workover

Comment: BWS rig #14 has drilled to a depth of 240' KB with eight drill collars and a 6 1/4" bit and continues drilling ahead.

Facility ID: 418033 Type: WELL API Number: 123-31819 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 418034 Type: WELL API Number: 123-31820 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 418035 Type: WELL API Number: 123-31821 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 418036 Type: WELL API Number: 123-31822 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 421226 Type: WELL API Number: 123-32857 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 421239 Type: WELL API Number: 123-32862 Status: PR Insp. Status: PR**Producing Well**Comment: **PR**

BradenHead

Comment: Bradenhead is exposed at 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: DRY LAND

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? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

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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: DRY LAND, RESIDENTIAL

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
		Other	Pass			Vehicle tracking pad
Gravel	Pass	Gravel	Pass			
		Other	Pass			Recycled asphalt

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

Y

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT