

**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:
11/27/2015Document Number:
666801677Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	292754	335006	Murray, Richard	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10456Name of Operator: CAERUS PICEANCE LLCAddress: 600 17TH STREET #1600NCity: 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
McKee, Michael	720-880-6322 Direct	mmckee@caerusoilandgas.com	EHS (all Inspections)
Elsener, Garrett		garrett@caerusoilandgas.com	

Compliance Summary:QtrQtr: NWNW Sec: 8 Twp: 7S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/14/2011	200298448	PR	PR	SATISFACTORY			Yes
01/05/2010	200292465	PR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
292139	WELL	PR	06/11/2009	GW	045-14604	SAVAGE 8-11A	PR	<input checked="" type="checkbox"/>
292744	WELL	PR	07/01/2013	GW	045-14759	SAVAGE 8-21C	PR	<input checked="" type="checkbox"/>
292745	WELL	PR	12/07/2008	GW	045-14758	SAVAGE 8-11D	PR	<input checked="" type="checkbox"/>
292746	WELL	PR	11/25/2008	GW	045-14757	SAVAGE 8-21D	PR	<input checked="" type="checkbox"/>
292747	WELL	PR	04/13/2015	GW	045-14756	SAVAGE 8-21B	PR	<input checked="" type="checkbox"/>
292748	WELL	PR	06/21/2009	OW	045-14755	SAVAGE 8-21A	PR	<input checked="" type="checkbox"/>
292749	WELL	PR	11/07/2008	GW	045-14754	SAVAGE 8-12D	PR	<input checked="" type="checkbox"/>
292750	WELL	PR	11/01/2008	GW	045-14753	SAVAGE 8-12C	PR	<input checked="" type="checkbox"/>
292751	WELL	PR	12/09/2008	GW	045-14752	SAVAGE 8-11C	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

292752	WELL	PR	06/30/2009	GW	045-14751	SAVAGE 8-11B	PR	<input checked="" type="checkbox"/>
292753	WELL	PR	11/19/2008	GW	045-14750	SAVAGE 8-12B	PR	<input checked="" type="checkbox"/>
292754	WELL	PR	11/17/2008	GW	045-14749	SAVAGE 8-12A	PR	<input checked="" type="checkbox"/>
439840	SPILL OR RELEASE	CL	11/13/2014		-	SPILL/RELEASE POINT	CL	<input type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY	AIRS ID 045-1725-001		

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?**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	4	SATISFACTORY	Portable restroom,radio tower,chemical unit at wellhead, spill kit		
Horizontal Heated Separator	12	SATISFACTORY			
Plunger Lift	12	SATISFACTORY			

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 292754

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: 292139 Type: WELL API Number: 045-14604 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 292744 Type: WELL API Number: 045-14759 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 292745 Type: WELL API Number: 045-14758 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: <u>292746</u>	Type: <u>WELL</u>	API Number: <u>045-14757</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

Facility ID: <u>292747</u>	Type: <u>WELL</u>	API Number: <u>045-14756</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

Facility ID: <u>292748</u>	Type: <u>WELL</u>	API Number: <u>045-14755</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

Facility ID: <u>292749</u>	Type: <u>WELL</u>	API Number: <u>045-14754</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

Facility ID: <u>292750</u>	Type: <u>WELL</u>	API Number: <u>045-14753</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

Facility ID: <u>292751</u>	Type: <u>WELL</u>	API Number: <u>045-14752</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

Facility ID: <u>292752</u>	Type: <u>WELL</u>	API Number: <u>045-14751</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

Facility ID: <u>292753</u>	Type: <u>WELL</u>	API Number: <u>045-14750</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

Facility ID: <u>292754</u>	Type: <u>WELL</u>	API Number: <u>045-14749</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<u>Producing Well</u>				
Comment: <u>Plunger lift</u>				

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 _____

Inspector Name: Murray, Richard

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

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): N _____

Comment: _____

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

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

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? _____ 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 _____

Inspector Name: Murray, Richard

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 _____

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
		Culverts	Pass			
Berms	Pass					
		Compaction	Pass			
		Ditches	Pass			

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: Snow covered location and access road

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT