

**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:
10/15/2015Document Number:
673802601Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	432771	432771	Gomez, Jason	<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
Rasmuson, Craig	970-737-1073	crasmuson@syrginfo.com	
Paddington, Dave		dpennington@syrginfo.com	All Inspections

Compliance Summary:QtrQtr: SENE Sec: 1 Twp: 6N Range: 66W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
432770	WELL	PR	08/19/2013	OW	123-37276	Renfroe 32-1-36CHZ	PR	<input checked="" type="checkbox"/>
432772	WELL	PR	09/03/2013	OW	123-37277	Renfroe 32-1-36NHZ	PR	<input checked="" type="checkbox"/>
432811	WELL	PR	09/04/2013	OW	123-37292	Renfroe 42-1-36NHZ	PR	<input checked="" type="checkbox"/>
432812	WELL	PR	09/03/2013	OW	123-37293	Renfroe C-1-36NHZ	PR	<input checked="" type="checkbox"/>
432813	WELL	PR	09/04/2013	OW	123-37294	Renfroe 42-1-36CHZ	PR	<input checked="" type="checkbox"/>
432814	WELL	XX	05/09/2013	LO	123-37295	Renfroe C-1-36CHZ	XX	<input type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>6</u>	Production Pits: _____
Condensate Tanks: <u>12</u>	Water Tanks: <u>6</u>	Separators: <u>6</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: <u>2</u>	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: <u>1</u>	Flare: _____	Fuel Tanks: _____

Location

Inspector Name: Gomez, Jason

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

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Emission Control Device	5	SATISFACTORY			
Bird Protectors	10	SATISFACTORY			
Compressor	1	SATISFACTORY			
Pig Station	1	SATISFACTORY			
Ancillary equipment	6	SATISFACTORY	Methonal pump w/containment		
Vertical Separator	1	SATISFACTORY			
Gas Meter Run	6	SATISFACTORY			
Plunger Lift	5	SATISFACTORY			
Horizontal Heated Separator	5	SATISFACTORY			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	3	300 BBLS	FIBERGLASS AST	40.517620,-104.720530

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
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate

Corrective Action: _____ Corrective Date: _____

Comment: _____

Inspector Name: Gomez, Jason

Facilities:		New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	10	300 BBLS	STEEL AST	40.517620,-104.720530	
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		Stained soil in containment berm remove or remediate stained soil			
Venting:					
Yes/No		Comment			
NO					
Flaring:					
Type	Satisfactory/Action Required		Comment	Corrective Action	CA Date

Inspector Name: Gomez, Jason

Predrill

Location ID: 432771

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: 432770 Type: WELL API Number: 123-37276 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Exposed for monitoring

CA: _____

CA Date: _____

Facility ID: 432772 Type: WELL API Number: 123-37277 Status: PR Insp. Status: PR

Inspector Name: Gomez, Jason

Producing Well

Comment: PR

BradenHead

Comment: Exposed for Monitoring

CA:

CA Date:

Facility ID: 432811 Type: WELL API Number: 123-37292 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Exposed for monitoring

CA:

CA Date:

Facility ID: 432812 Type: WELL API Number: 123-37293 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Exposed for Monitoring

CA:

CA Date:

Facility ID: 432813 Type: WELL API Number: 123-37294 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Exposed for Monitoring

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:

Inspector Name: Gomez, Jason

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: IRRIGATED

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? 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? 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? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced Pass Recontoured Pass 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: IRRIGATED

Reminder:

Inspector Name: Gomez, Jason

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					
Ditches	Pass					

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673802709	Compressor walls	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3740181
673802710	Sound study	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3740182