

**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

Inspection Date:

12/23/2015

Document Number:

680701154

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 256688 | 330940 | Peterson, Tom | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 69175Name of Operator: PDC ENERGY INCAddress: 1775 SHERMAN STREET - STE 3000City: DENVER State: CO Zip: 80203

- ☐ 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 |
|--------------|-------|--------------------------|-----------------|
| | | cogccinspection@pdce.com | All inspections |

Compliance Summary:QtrQtr: NWNE Sec: 23 Twp: 4N Range: 67W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 09/29/2010 | 200273626 | PR | PR | SATISFACTORY | | | No |
| 06/12/2003 | 200040192 | PR | PR | SATISFACTORY | | Pass | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 256688 | WELL | PR | 12/31/1999 | GW | 123-19905 | LHI 31-23 | PR | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: _____ | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | Electric Motors: _____ |
| Gas or Diesel Mortors: _____ | 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 | | | |
| WELLHEAD | SATISFACTORY | | | |

Inspector Name: Peterson, Tom

| | | | | |
|----------------------|--------------|--|--|--|
| TANK LABELS/PLACARDS | SATISFACTORY | | | |
|----------------------|--------------|--|--|--|

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: Outdated emergency number at wellhead.

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 |
|-------|------------------------------|---|-------------------|---------|
| Panel | SATISFACTORY | Wellhead | | |
| Other | SATISFACTORY | Barbed wire topped chain link around separator and tank battery | | |

Equipment:

| | | | |
|-----------------------------------|-----------------------|-------------------------------|--------------|
| Type: Bird Protectors | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: |
| Type: Gas Meter Run | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: |
| Type: Plunger Lift | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: |
| Type: Horizontal Heated Separator | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | N40.30522 W-104.85706 | | |
| Corrective Action | | | Date: |

Facilities: ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|-----------|---|----------|-----------|-----------------------|
| CRUDE OIL | 1 | 300 BBLS | STEEL AST | 40.305190,-104.857280 |

S/AR SATISFACTORY Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

| Condition | Adequate |
|------------------|----------|
| Other (Content) | _____ |
| Other (Capacity) | _____ |
| Other (Type) | _____ |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|------|----------|---------------------|---------------------|-------------|
| | | | | |

Inspector Name: Peterson, Tom

| | | | | | |
|-------------------|----------|-----------------|----------------|----------|-----------------|
| Earth | Adequate | Walls Sufficent | Base Sufficent | Adequate | |
| Corrective Action | | | | | Corrective Date |
| Comment | | | | | |

Facilities: ☐ New Tank Tank ID: _____

| | | | | |
|--------------------|--------------|----------|----------------|-----------------------|
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 1 | 100 BBLS | PBV FIBERGLASS | 40.305190,-104.857280 |
| S/AR | SATISFACTORY | | Comment: | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|------------------|----------|
| Condition | Adequate |
| Other (Content) | _____ |
| Other (Capacity) | _____ |
| Other (Type) | _____ |

Berms

| | | | | |
|-------------------|----------|---------------------|---------------------|-----------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Earth | Adequate | Walls Sufficent | Base Sufficent | Adequate |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

Venting:

| | |
|---------|----|
| Yes/No | NO |
| Comment | |

Flaring:

| | | | |
|--------------------|--|------------------------------|--|
| Type | | Satisfactory/Action Required | |
| Comment: | | | |
| Corrective Action: | | Correct Action Date: | |

Predrill

Location ID: 256688

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AR: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Data retrieval failed for the subreport 'Subreport1' located at: \\10.12.100.15\FarmReports\Insp\InspCOA.rdl. Please check t

S/AR: _____ Comment: _____

CA: _____ Date: _____

Wildlife BMPs:

Data retrieval failed for the subreport 'Subreport2' located at: \\10.12.100.15\FarmReports\Insp\InspBMP.rdl. Please check t

S/AR: _____ 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: 256688 Type: WELL API Number: 123-19905 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is exposed at surface.

CA: _____

CA Date: _____

Environmental**Spills/Releases:**

Inspector Name: Peterson, Tom

| | | |
|-----------------------------|------------------------|-------------------------|
| 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): | N |
| Comment: | |
| Pilot: | Wildlife Protection Devices (fired vessels): YES |

The subreport 'rptInsp13' could not be found at the