

Inspector Name: Waldron, Emily

**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:
12/29/2015Document Number:
673402797Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 257615 | 324717 | Waldron, Emily | <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, | 661-444-0999 | EHSRC@bonanzacrk.com | All Inspections |

Compliance Summary:QtrQtr: NWNW Sec: 2 Twp: 9N Range: 79W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 01/14/2015 | 673401647 | PR | PR | SATISFACTORY | | | No |
| 05/03/2011 | 200311067 | PR | PR | SATISFACTORY | | | No |
| 12/10/2008 | 200200655 | RT | PR | SATISFACTORY | | | No |
| 07/19/2007 | 200115653 | RT | SI | SATISFACTORY | | Pass | No |
| 07/11/2006 | 200093462 | MI | AC | SATISFACTORY | I | Pass | No |
| 08/08/2005 | 200075325 | MI | AC | ACTION REQUIRED | | Fail | Yes |
| 08/11/2004 | 200058690 | PR | PR | SATISFACTORY | | Pass | No |
| 08/12/2003 | 200042803 | PR | PR | SATISFACTORY | | Pass | No |
| 08/12/2002 | 200030053 | PR | PR | SATISFACTORY | | Pass | No |
| 08/01/2001 | 200018355 | PR | PR | SATISFACTORY | I | Pass | No |
| 09/26/2000 | 200010118 | DG | WO | SATISFACTORY | | Fail | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|
| 257615 | WELL | PR | 05/26/2005 | OW | 057-06400 | MCCALLUM UNIT 136 | PR |

Equipment:Location Inventory

Inspector Name: Waldron, Emily

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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

Lease Road:

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|------|------------------------------|---------|-------------------|------|
| | | | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

Fencing/:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Equipment:

| Type: | # | Satisfactory/Action Required: | |
|-------------------|---|-------------------------------|-------------|
| Comment | | | |
| Corrective Action | | | Date: _____ |

Venting:

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

Flaring:

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

Predrill

Location ID: 257615

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: 0 Type: _____ API Number: - Status: _____ Insp. Status: _____

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:

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| | | | | |
|---|-------------|-------|-----|------|
| DWR Receipt Num: | Owner Name: | GPS : | Lat | Long |
| Field Parameters: | | | | |
| Sample Location: _____ | | | | |
| Emission Control Burner (ECB): _____ | | | | |
| Comment: _____ | | | | |
| Pilot: _____ Wildlife Protection Devices (fired vessels): _____ | | | | |

Reclamation - Storm Water - Pit

Interim Reclamation:

| | |
|---|---|
| Date Interim Reclamation Started: _____ | Date Interim Reclamation Completed: _____ |
| Land Use: _____ | |
| Comment: _____ | |

| | | | | |
|--------|---|----------|----------|---------------|
| 1003a. | Debris removed? _____ | CM _____ | CA _____ | CA Date _____ |
| | Waste Material Onsite? _____ | CM _____ | CA _____ | CA Date _____ |
| | Unused or unneeded equipment onsite? _____ | CM _____ | CA _____ | CA Date _____ |
| | Pit, cellars, rat holes and other bores closed? _____ | 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 _____ |
|-----------------------------------|

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT**COGCC Comments**

| Comment | User | Date |
|--|----------|------------|
| Location inaccessible due to snow coverage and unplowed roads. | waldrone | 01/04/2016 |