

**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:

02/12/2016

Document Number:

684900582

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	330885	330885	Pesicka, Conor	<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: SWSE Sec: 7 Twp: 5N Range: 63W**Inspector Comment:**Camera battery died in the field, images cannot be provided**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
256243	WELL	PR	05/14/2007	GW	123-19823	SLW RANCH 34-7	TA	<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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY	methanol		

Inspector Name: Pesicka, Conor

BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

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

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	ACTION REQUIRED	Disassembled plunger lift, likely due to recent workover	Reassemble and put into use	08/12/2016
UNUSED EQUIPMENT	ACTION REQUIRED	Unused equipment around meter run (solar/telemetry)	Put into use or remove	08/12/2016
UNUSED EQUIPMENT	ACTION REQUIRED	Unused meter run	Put into use or remove	08/12/2016

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
IGNITOR/COMBUST OR	SATISFACTORY	agricultural *2		
SEPARATOR	SATISFACTORY	barbed wire; also contains meter runs		
TANK BATTERY	SATISFACTORY	barbed wire		
WELLHEAD	SATISFACTORY	agricultural		

Equipment:

Type: Gas Meter Run	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Plunger Lift	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Bird Protectors	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Emission Control Device	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Horizontal Heated Separator	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			

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Corrective Action		Date:	
Type: Pig Station	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment methanol pump			
Corrective Action		Date:	

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	100 BBLS	PBV FIBERGLASS	40.407920,-104.476760

S/AR	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

Corrective Action		Corrective Date	
Comment	Shared with crude oil		

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	300 BBLS	STEEL AST	40.407920,-104.476760

S/AR	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 Sufficient	Base Sufficient	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: 330885

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

Wildlife BMPs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

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: 256243 Type: WELL API Number: 123-19823 Status: PR Insp. Status: TA

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned

Reminder: EQUIPMENT PRESENT/DISCONNECTED

S/A/V: SATISFACTORY

CA Date: _____

CA: _____

Comment: TA due to recent workover

BradenHead

Comment: Bradenhead plumbed to 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: _____

Comment: _____

1003a. Waste and Debris removed? 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 _____

Inspector Name: Pesicka, Conor

Guy line anchors marked? _____

CM _____

CA _____

CA Date _____

1003b. Area no longer in use? _____ In _____

Production areas stabilized ? _____ Pass _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Pass _____

Subsidence over on drill pit? _____ Pass _____

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
Gravel	Pass	Gravel	Pass			

Inspector Name: Pesicka, Conor

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT