

**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:

02/29/2016

Document Number:

680400356

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	293864	334365	BROWNING, CHUCK	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10456Name of Operator: CAERUS PICEANCE LLCAddress: 120 N RAILROAD AVENUE #DCity: PARACHUTE State: CO Zip: 81635

- ☐ 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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Elsner, Garrett	(303) 565-4600	garrett@caerusoilandgas.com	

Compliance Summary:

QtrQtr:	NWNE	Sec:	35	Twp:	7S	Range:	96W
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/26/2015	668402965	IJ	AC	SATISFACTORY			No
05/13/2014	668402019	IJ	AC	SATISFACTORY	P		No
07/10/2012	663800423	IJ	AC	SATISFACTORY			No
08/16/2011	200318564	MI	SI	SATISFACTORY			No
08/05/2011	200317199	RT	SI	SATISFACTORY			No
07/08/2010	200266072	RT	AC	SATISFACTORY			No
03/30/2010	200240100	RT	UN	SATISFACTORY			No
09/19/2009	200222102	CO	WO	SATISFACTORY			No

Inspector Comment:Routine UIC inspection.**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159312	UIC DISPOSAL	AC	08/24/2009		-	PARACHUTE RANCH FEDERAL 35-31C	AC	<input checked="" type="checkbox"/>
293862	WELL	PR	11/18/2009	GW	045-15145	PARACHUTE RANCH FED. 35-41B	PR	<input checked="" type="checkbox"/>
293863	WELL	PR	09/01/2014	GW	045-15146	PARACHUTE RANCH FED 35-42B	PR	<input checked="" type="checkbox"/>
293864	WELL	IJ	04/06/2015	DSPW	045-15147	PARACHUTE RANCH FED. 35-31C	AC	<input checked="" type="checkbox"/>
293865	WELL	PR	12/23/2009	GW	045-15148	PARACHUTE RANCH FED. 35-41D	PR	<input checked="" type="checkbox"/>

Inspector Name: BROWNING, CHUCK

293866	WELL	PR	05/01/2012	GW	045-15149	PARACHUTE RANCH FED 35-42A	PR	<input checked="" type="checkbox"/>
293867	WELL	PR	01/24/2010	GW	045-15150	PARACHUTE RANCH FED. 35-31D	PR	<input checked="" type="checkbox"/>
293868	WELL	PR	04/01/2012	GW	045-15151	PARACHUTE RANCH FED. 35-32C	PR	<input checked="" type="checkbox"/>
293869	WELL	PR	01/21/2011	GW	045-15152	PARACHUTE RANCH FED. 35-32B	PR	<input checked="" type="checkbox"/>
293870	WELL	PR	01/01/2010	GW	045-15153	PARACHUTE RANCH FED. 35-32A	PR	<input checked="" type="checkbox"/>
293871	WELL	PR	11/16/2009	GW	045-15154	PARACHUTE RANCH FED. 35-41C	PR	<input checked="" type="checkbox"/>
294767	WELL	PR	01/25/2010	GW	045-15591	PARACHUTE RANCH FED. 35-31B	PR	<input checked="" type="checkbox"/>
294768	WELL	PR	11/21/2009	GW	045-15592	PARACHUTE RANCH FED. 35-31A	PR	<input checked="" type="checkbox"/>
294769	WELL	PR	12/01/2009	GW	045-15593	PARACHUTE RANCH FED. 35-41A	PR	<input checked="" type="checkbox"/>
421957	NONFACILIT Y		03/10/2011		-	High Mesa Rd (CR 304)		<input 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
Access	SATISFACTORY			
Main	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TRASH	SATISFACTORY	Trash bins		

Inspector Name: BROWNING, CHUCK

STORAGE OF SUPL	SATISFACTORY			
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Spills:				
Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION	SATISFACTORY			
TANK BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Equipment:				
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Meter house			
Corrective Action				Date:
Type: Horizontal Heated Separator	# 4	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Prime Mover	# 2	Satisfactory/Action Required:	SATISFACTORY	
Comment	Pumphouses			
Corrective Action				Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Generator			
Corrective Action				Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Filter house			
Corrective Action				Date:
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Combustor			
Corrective Action				Date:

Facilities:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST	39.398277,-108.073117
S/AR	SATISFACTORY	Comment:		
Corrective Action:				Corrective Date:

Paint				
Condition	Adequate			
Other (Content)				
Other (Capacity)				

Inspector Name: BROWNING, CHUCK

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	5	400 BBLS	STEEL AST	39.398233,-108.073264
S/AR	SATISFACTORY		Comment: 2 -600 bl & 3- 400 bbl tanks in same berm.	
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 Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	7	300 BBLS	STEEL AST	39.398582,-108.072160
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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	9	400 BBLS	STEEL AST	39.398829,-108.072365
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Inspector Name: BROWNING, CHUCK

Paint

Condition	Adequate
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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			

Venting:

Yes/No	NO
Comment	

Flaring:

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

Predrill

Location ID: 293864

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: 159312 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: 1758

UIC RoutineInj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: _____

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 293862 Type: WELL API Number: 045-15145 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger Lift

Facility ID: 293863 Type: WELL API Number: 045-15146 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger Lift

Facility ID: 293864 Type: WELL API Number: 045-15147 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 1300 _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: CZ-CR

TC: Pressure or inches of Hg -3 _____ Previous Test Pressure _____ Last MIT: 08/16/2011

Brhd: Pressure or inches of Hg 60 _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC inspection.

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 293865 Type: WELL API Number: 045-15148 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger Lift

Facility ID: 293866 Type: WELL API Number: 045-15149 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger Lift

Facility ID: 293867 Type: WELL API Number: 045-15150 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 293868 Type: WELL API Number: 045-15151 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 293869 Type: WELL API Number: 045-15152 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 293870 Type: WELL API Number: 045-15153 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 293871 Type: WELL API Number: 045-15154 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 294767 Type: WELL API Number: 045-15591 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 294768 Type: WELL API Number: 045-15592 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 294769 Type: WELL API Number: 045-15593 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift****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: BROWNING, CHUCK

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. 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 _____

Guy line anchors marked? Pass

CM _____

CA _____ CA Date _____

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

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? P

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Inspector Name: BROWNING, CHUCK

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
Berms	Pass	Gravel	Pass	MHSP	Pass	

S/A/V: SATISFACTOR _____ Corrective Date: _____
Y _____

Comment: _____
CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT