

**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:

03/02/2016

Document Number:

673802925

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 322718      | 322718 | Gomez, Jason    | <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 |         |

**Compliance Summary:**QtrQtr: SWSW Sec: 19 Twp: 5N Range: 64W**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 244134      | WELL | PR     | 05/30/2006  | OW         | 123-11927 | MAXEY-HOFF 1  | 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****Lease Road:**

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

**Signs/Marker:**

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

Inspector Name: Gomez, Jason

|          |              |  |  |  |
|----------|--------------|--|--|--|
| WELLHEAD | SATISFACTORY |  |  |  |
|----------|--------------|--|--|--|

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

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

| <b>Good Housekeeping:</b> |                              |         |                   |         |
|---------------------------|------------------------------|---------|-------------------|---------|
| Type                      | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                           |                              |         |                   |         |

| <b>Spills:</b> |      |        |                   |         |
|----------------|------|--------|-------------------|---------|
| Type           | Area | Volume | Corrective action | CA Date |

☐ Multiple Spills and Releases?

| <b>Fencing/:</b> |                              |          |                   |         |
|------------------|------------------------------|----------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment  | Corrective Action | CA Date |
| Panel            | SATISFACTORY                 | wellhead |                   |         |

|                                   |                        |                               |              |
|-----------------------------------|------------------------|-------------------------------|--------------|
| <b>Equipment:</b>                 |                        |                               |              |
| Type: Horizontal Heated Separator | # 2                    | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           |                        |                               |              |
| Corrective Action                 |                        |                               | Date:        |
| Type: Bird Protectors             | # 3                    | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           |                        |                               |              |
| Corrective Action                 |                        |                               | Date:        |
| Type: Plunger Lift                | # 1                    | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           |                        |                               |              |
| Corrective Action                 |                        |                               | Date:        |
| Type: Emission Control Device     | # 1                    | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           |                        |                               |              |
| Corrective Action                 |                        |                               | Date:        |
| Type: Gas Meter Run               | # 1                    | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           | No calibration records |                               |              |
| Corrective Action                 |                        |                               | Date:        |

| <b>Facilities:</b>                |                |                |           |                        |
|-----------------------------------|----------------|----------------|-----------|------------------------|
| <input type="checkbox"/> New Tank | Tank ID: _____ |                |           |                        |
| Contents                          | #              | Capacity       | Type      | SE GPS                 |
| CRUDE OIL                         | 1              | 300 BBLS       | STEEL AST | 40.378830,-104.599170  |
| S/AR                              | SATISFACTORY   | Comment: _____ |           |                        |
| Corrective Action:                |                |                |           | Corrective Date: _____ |

|                  |          |
|------------------|----------|
| <b>Paint</b>     |          |
| Condition        | Adequate |
| Other (Content)  | _____    |
| Other (Capacity) | _____    |

Inspector Name: Gomez, Jason

Other (Type) \_\_\_\_\_

**Berms**

| Type  | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|----------|---------------------|---------------------|-------------|
| 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 | 40.378830,-104.599170 |

|                    |              |                  |  |
|--------------------|--------------|------------------|--|
| 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: 322718

**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: 244134 Type: WELL API Number: 123-11927 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Exposed

CA: \_\_\_\_\_

CA Date: \_\_\_\_\_

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Inspector Name: Gomez, Jason

|   |  |             |
|---|--|-------------|
| Comment: <input style="width:700px" type="text"/>         |  |             |
| Corrective Action: _____                                  |  | Date: _____ |
| Reportable: _____   | GPS: Lat _____   | Long _____  |
| Proximity to Surface Water: _____                         | Depth to Ground Water: _____                           |             |
| <b>Water Well:</b>  |  |             |
|   |  | Lat _____   |
|   |  | Long _____  |
| DWR Receipt Num: _____                                    | Owner Name: _____                                      | GPS : _____ |
| <b>Field Parameters:</b>                                  |  |             |
| <input style="width:300px" type="text"/>                  |  |             |
| Sample Location: <input style="width:400px" type="text"/> |  |             |
| 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: <input style="width:750px" type="text"/>  |   |
| 1003a. Waste and Debris removed? <u>Pass</u>   |   |
| CM _____   |   |
| CA _____   | CA Date _____   |
| Unused or unneeded equipment onsite? <u>Pass</u>   |   |
| CM _____   |   |
| CA _____   | CA Date _____   |
| Pit, cellars, rat holes and other bores closed? <u>Pass</u>  |   |
| CM _____   |   |
| CA _____   | CA Date _____   |
| Guy line anchors marked? _____   |   |
| CM _____   |   |
| CA _____   | CA Date _____   |
| 1003b. Area no longer in use? <u>Pass</u>  | Production areas stabilized ? <u>Pass</u>               |
| 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? <u>Pass</u>   | Segregated soils have been replaced? <u>Pass</u>        |
| <b>RESTORATION AND REVEGETATION</b>  |   |
| <u>Cropland</u>  |   |
| Top soil replaced _____  | Recontoured _____ Perennial forage re-established _____ |

Inspector Name: Gomez, Jason

**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            |                         |                       |               |                          |         |

S/A/V: SATISFACTOR Y \_\_\_\_\_

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

Pits: ☒ NO SURFACE INDICATION OF PIT