

**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:

05/03/2016

Document Number:

674702672

Overall Inspection:

SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>335881</u>	<u>335881</u>	<u>LONGWORTH, MIKE</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>10456</u>
Name of Operator:	<u>CAERUS PICEANCE LLC</u>
Address:	<u>1001 17TH STREET #1600</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>

- 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
Elsener, Garrett		garrett@caerusoilandgas.com	
Janicek, Jake		JJanicek@caerusoilandgas.com	
McKee, Michael		MMckee@caerusoilandgas.com	EHS Engineer

Compliance Summary:

QtrQtr:	<u>SENV</u>	Sec:	<u>7</u>	Twp:	<u>6S</u>	Range:	<u>96W</u>
---------	-------------	------	----------	------	-----------	--------	------------

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/18/2015	674702061			SATISFACTORY			No
08/21/2015	674701748			ACTION REQUIRED			No
06/26/2014	663903375			SATISFACTORY			No
04/01/2014	663902914			SATISFACTORY			No
05/29/2013	663801060			SATISFACTORY	I		No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
290068	WELL	PR	12/31/2008	GW	045-13978	CHEVRON 33D-7D	PR <input checked="" type="checkbox"/>
290069	WELL	PR	12/31/2008	GW	045-13977	CHEVRON 33B-7D	PR <input checked="" type="checkbox"/>
290070	WELL	PR	12/31/2008	GW	045-13976	CHEVRON 32B-7D	PR <input checked="" type="checkbox"/>
290071	WELL	PR	03/31/2009	GW	045-13975	CHEVRON 22A-7D	PR <input checked="" type="checkbox"/>
290072	WELL	PR	10/01/2008	GW	045-13974	CHEVRON 23B-7D	PR <input checked="" type="checkbox"/>
290073	WELL	PR	12/31/2008	GW	045-13973	CHEVRON 33A-7D	PR <input checked="" type="checkbox"/>

290074	WELL	PR	12/31/2008	GW	045-13972	CHEVRON 32A-7D	PR	<input checked="" type="checkbox"/>
290075	WELL	PR	12/31/2008	GW	045-13971	CHEVRON 32D-7D	PR	<input checked="" type="checkbox"/>
290076	WELL	PR	10/01/2015	GW	045-13970	CHEVRON 23A-7D	PR	<input checked="" type="checkbox"/>
290077	WELL	PR	10/01/2008	GW	045-13969	CHEVRON 21D-7D	PR	<input checked="" type="checkbox"/>
290078	WELL	PR	12/31/2008	GW	045-13968	CHEVRON 22D-7D	PR	<input checked="" type="checkbox"/>
435758	NONFACILIT Y	CL	01/14/2015		-	Chevron 21D-7D 335881	CL	<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			

Signs/Marker:

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

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

Comment: **866-580-9382**

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WEEDS	SATISFACTORY			
TRASH	SATISFACTORY			

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
SEPARATOR	SATISFACTORY			
WELLHEAD	SATISFACTORY			
TANK BATTERY	SATISFACTORY			

Equipment:				
Type: Bird Protectors	# 5	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Plunger Lift	# 11	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Horizontal Heated Separator	# 11	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:

Facilities:				
<input type="checkbox"/> New Tank	Tank ID: _____			
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment: Air id 045-1852-002	
Corrective Action:				Corrective Date:

Paint	
Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

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

Facilities:				
<input type="checkbox"/> New Tank	Tank ID: _____			
Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	400 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment: Air id 045-1852-001	
Corrective Action:				Corrective Date:

Paint	
Condition	

Inspector Name: LONGWORTH, MIKE

Condition	Adequate				
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: 335881

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: 290068 Type: WELL API Number: 045-13978 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 290069 Type: WELL API Number: 045-13977 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 290070 Type: WELL API Number: 045-13976 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 290071 Type: WELL API Number: 045-13975 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 290072 Type: WELL API Number: 045-13974 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 290073 Type: WELL API Number: 045-13973 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 290074 Type: WELL API Number: 045-13972 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 290075 Type: WELL API Number: 045-13971 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 290076 Type: WELL API Number: 045-13970 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 290077 Type: WELL API Number: 045-13969 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 290078 Type: WELL API Number: 045-13968 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

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: _____

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 ? _____

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: _____

Inspector Name: LONGWORTH, MIKE

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			
Seeding	Pass					
Berms	Pass					
				MHSP	Pass	
Compaction	Pass					
Ditches	Pass					
		Compaction	Pass			
		Culverts	Pass			
		Check Dams	Pass			
		Ditches	Pass			

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

Comment: _____
 CA: _____

Pits: NO SURFACE INDICATION OF PIT