

**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:  
05/05/2016  
Document Number:  
673803132  
Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>327103</u>	<u>327103</u>	<u>Gomez, Jason</u>	<input type="checkbox"/>	

**Operator Information:**

OGCC Operator Number: 69175  
 Name of Operator: PDC ENERGY INC  
 Address: 1775 SHERMAN STREET - STE 3000  
 City: 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
		<u>cogccinspection@pdce.com</u>	

**Compliance Summary:**

QtrQtr: NESE Sec: 22 Twp: 5N Range: 65W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
<u>12/21/2015</u>	<u>684900317</u>			<b>ACTION REQUIRED</b>			<u>No</u>

**Inspector Comment:**

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
<u>246366</u>	<u>WELL</u>	<u>PR</u>	<u>08/01/2014</u>	<u>GW</u>	<u>123-14163</u>	<u>ALLES 9-22</u>	<u>PR</u>	<input checked="" type="checkbox"/>
<u>433817</u>	<u>WELL</u>	<u>PR</u>	<u>08/08/2014</u>	<u>OW</u>	<u>123-37798</u>	<u>ALLES 22D-312</u>	<u>PR</u>	<input checked="" type="checkbox"/>
<u>433818</u>	<u>WELL</u>	<u>DG</u>	<u>02/25/2014</u>	<u>LO</u>	<u>123-37799</u>	<u>Alles 22S-432</u>	<u>DG</u>	<input type="checkbox"/>
<u>433819</u>	<u>WELL</u>	<u>PR</u>	<u>10/06/2014</u>	<u>OW</u>	<u>123-37800</u>	<u>Alles 22D-402</u>	<u>PR</u>	<input checked="" type="checkbox"/>
<u>436688</u>	<u>WELL</u>	<u>PR</u>	<u>10/06/2014</u>	<u>OW</u>	<u>123-39223</u>	<u>Alles 22S-232</u>	<u>PR</u>	<input checked="" type="checkbox"/>
<u>442571</u>	<u>SPILL OR RELEASE</u>	<u>CL</u>	<u>07/20/2015</u>		<u>-</u>	<u>SPILL/RELEASE POINT</u>	<u>CL</u>	<input type="checkbox"/>

**Equipment:**

Location Inventory

Empty box for equipment and location inventory details.

Inspector Name: Gomez, Jason

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>4</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>3</u>	Separators: <u>3</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>12</u>	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			
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			

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

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

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

**Good Housekeeping:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

**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
WELLHEAD	SATISFACTORY	AG Panel		
OTHER	SATISFACTORY	AG ECD Panel		
WELLHEAD	SATISFACTORY	AG Panel		
WELLHEAD	SATISFACTORY	AG Panel		
OTHER	SATISFACTORY	ECD AG Panel		
WELLHEAD	SATISFACTORY	AG Panel		

**Equipment:**

Type: Plunger Lift	# 4	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date: _____	

Type: Gas Meter Run	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: VRU	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Horizontal Heated Separator	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Vertical Separator	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Emission Control Device	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Pig Station	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	STEEL AST	40.383150,-104.641750
S/AR	SATISFACTORY		Comment: <b>Front of tank under thief hatch needs to be cleaned</b>	
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 Sufficent	Base Sufficient	Adequate
Corrective Action			Corrective Date	
Comment				

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:			Corrective Date:	

Paint

Inspector Name: Gomez, Jason

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				

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	100 BBLS	PBV FIBERGLASS	,
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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	3	400 BBLS	FIBERGLASS AST	,
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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS

Inspector Name: Gomez, Jason

CRUDE OIL	9	400 BBLs	STEEL AST		
S/AR	SATISFACTORY		Comment:		
Corrective Action:					Corrective Date:
<b>Paint</b>					
Condition	Adequate				
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
<b>Berms</b>					
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: 327103

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/AR:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

Group	User	Comment	Date
OGLA	andrewsd	Operator must implement site-specific best management practices in accordance with good engineering practices, including, but not limited to, construction of a berm or diversion dike, site grading, or other comparable measures, sufficient to protect the Latham Ditch canal located 209 feet southwest of the oil and gas location from a release of drilling, completion, produced fluids, and chemical products.	08/07/2013

**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: 246366 Type: WELL API Number: 123-14163 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: Plumbed to surface  
CA:   
CA Date:

Facility ID: 433817 Type: WELL API Number: 123-37798 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Plumbed to surface  
CA:   
CA Date:

Facility ID: 433819 Type: WELL API Number: 123-37800 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Plumbed to surface  
CA:   
CA Date:

Facility ID: 436688 Type: WELL API Number: 123-39223 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: 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:**

DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_ Lat \_\_\_\_\_ Long \_\_\_\_\_

**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: DRY LAND

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

1003a. Waste and Debris removed? \_\_\_\_\_

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 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: DRY LAND

Reminder: \_\_\_\_\_

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

Well plugged \_\_\_\_\_ Pit mouse/rat holes, cellars backfilled \_\_\_\_\_



Inspector Name: Gomez, Jason

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

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

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

**Pits:**  NO SURFACE INDICATION OF PIT

**Attached Documents**

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673803132	INSPECTION APPROVED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3849138">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3849138</a>