

**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:

05/12/2016

Document Number:

684901191

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | |
| | 332135 | 332135 | Pesicka, Conor | 2A Doc Num: | |

Operator Information:

OGCC Operator Number: 8960

Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY

Address: 410 17TH STREET SUITE #1400

City: DENVER State: CO Zip: 80202

- ☐ 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 |
|--------------|-------|----------------------|-----------------|
| | | EHSRC@bonanzacrk.com | All Inspections |

Compliance Summary:

QtrQtr: NENE Sec: 28 Twp: 5N Range: 63W

Inspector Comment:

Party on site maintaining and cleaning compressor unit.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|--------------|--------|-------------|------------|-----------|------------------------|-------------|-------------------------------------|
| 270375 | WELL | PR | 12/17/2014 | GW | 123-21882 | HUCK 41-28 | PR | <input type="checkbox"/> |
| 432321 | WELL | PR | 07/03/2013 | OW | 123-37063 | North Platte U-Y-28HNB | PR | <input checked="" type="checkbox"/> |
| 435738 | TANK BATTERY | AC | 04/14/2009 | | - | Huck 41-28 PAD | AC | <input type="checkbox"/> |

Equipment:**Location Inventory**

| | | | |
|---------------------------------------|--------------------------------|-------------------------------|-----------------------------------|
| Special Purpose Pits: <u> </u> | Drilling Pits: <u> </u> | Wells: <u>8</u> | Production Pits: <u> </u> |
| Condensate Tanks: <u>30</u> | Water Tanks: <u>8</u> | Separators: <u>8</u> | Electric Motors: <u>7</u> |
| Gas or Diesel Mortors: <u>7</u> | Cavity Pumps: <u> </u> | LACT Unit: <u> </u> | Pump Jacks: <u>7</u> |
| Electric Generators: <u>4</u> | Gas Pipeline: <u>1</u> | Oil Pipeline: <u> </u> | Water Pipeline: <u> </u> |
| Gas Compressors: <u>6</u> | VOC Combustor: <u>8</u> | Oil Tanks: <u> </u> | Dehydrator Units: <u> </u> |
| Multi-Well Pits: <u> </u> | Pigging Station: <u>1</u> | Flare: <u> </u> | Fuel Tanks: <u> </u> |

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 | engine oil, methanol, coolant | | |
| 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 |
| | | | | |

| 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 |
| OTHER | SATISFACTORY | gas lift; wire | | |
| SEPARATOR | SATISFACTORY | wire | | |
| IGNITOR/COMBUST OR | SATISFACTORY | wire; contains meter runs | | |
| WELLHEAD | SATISFACTORY | agricultural | | |

| Equipment: | | | | | |
|-----------------------------------|-------------------|--|-------------------------------|--------------|-------|
| 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: Ancillary equipment | # 2 | | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | pumps- 2 methanol | | | | |
| Corrective Action | | | | | Date: |
| Type: Horizontal Heated Separator | # 1 | | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | | |
| Corrective Action | | | | | Date: |
| Type: Ancillary equipment | # 2 | | Satisfactory/Action Required: | SATISFACTORY | |

Inspector Name: Pesicka, Conor

| | | | |
|-------------------------------|-------------------------------------|-------------------------------|--------------|
| Comment | containers- 1 engine oil, 1 coolant | | |
| Corrective Action | | | Date: |
| Type: Emission Control Device | # 2 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: |
| Type: Compressor | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | gas lift | | |
| Corrective Action | | | Date: |
| Type: Pig Station | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: |
| Type: Gas Meter Run | # 2 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | 1 sales, 1 lift | | |
| Corrective Action | | | Date: |

Facilities:

☐ New Tank

Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|----------------|-----------------------|
| PRODUCED WATER | 1 | 400 BBLS | FIBERGLASS AST | 40.376320,-104.431950 |

| | | | |
|--------------------|--------------|------------------|--|
| 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 |
|------|----------|---------------------|---------------------|-------------|
| | | | | |

| | | | |
|-------------------|-----------------------|-----------------|--|
| Corrective Action | | Corrective Date | |
| Comment | Shared with crude oil | | |

Facilities:

☐ New Tank

Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|-----------|--------------|-----------------------|
| PRODUCED WATER | 2 | <100 BBLS | PBV CONCRETE | 40.376320,-104.431950 |

| | | | |
|--------------------|--------------|------------------|--|
| S/AR | SATISFACTORY | Comment: | |
| Corrective Action: | | Corrective Date: | |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) 60bbl

Other (Type) _____

Berms

Inspector Name: Pesicka, Conor

| | | | | | | | | | | | | | | | | | | |
|--|-----------------------|------------------------------|---------------------|-----------------------|------------------|--|-----------|----------|------------------------------|---------------------|-------------|-------|----------|------------------|--------------------|----------|----------------------|--|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Corrective Action | | | | | Corrective Date | | | | | | | | | | | | | |
| Comment | Shared with crude oil | | | | | | | | | | | | | | | | | |
| Facilities: <input type="checkbox"/> New Tank Tank ID: _____ | | | | | | | | | | | | | | | | | | |
| Contents | # | Capacity | Type | SE GPS | | | | | | | | | | | | | | |
| CRUDE OIL | 3 | 500 BBLS | STEEL AST | 40.376320,-104.431950 | | | | | | | | | | | | | | |
| S/AR | SATISFACTORY | | Comment: | | | | | | | | | | | | | | | |
| Corrective Action: | | | | | Corrective Date: | | | | | | | | | | | | | |
| <u>Paint</u> <table border="1"> <tr> <td>Condition</td><td>Adequate</td></tr> </table> <p>Other (Content) _____</p> <p>Other (Capacity) _____</p> <p>Other (Type) _____</p> | | | | | | | Condition | Adequate | | | | | | | | | | |
| Condition | Adequate | | | | | | | | | | | | | | | | | |
| <u>Berms</u> <table border="1"> <tr> <td>Type</td><td>Capacity</td><td>Permeability (Wall)</td><td>Permeability (Base)</td><td>Maintenance</td></tr> <tr> <td>Metal</td><td>Adequate</td><td>Walls Sufficient</td><td>Base Sufficient</td><td>Adequate</td></tr> </table> | | | | | | | Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | | | | | | | | | | | | | | |
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate | | | | | | | | | | | | | | |
| Corrective Action | | | | | Corrective Date | | | | | | | | | | | | | |
| Comment | | | | | | | | | | | | | | | | | | |
| <u>Venting:</u> <table border="1"> <tr> <td>Yes/No</td><td>NO</td></tr> <tr> <td>Comment</td><td></td></tr> </table> | | | | | | | Yes/No | NO | Comment | | | | | | | | | |
| Yes/No | NO | | | | | | | | | | | | | | | | | |
| Comment | | | | | | | | | | | | | | | | | | |
| <u>Flaring:</u> <table border="1"> <tr> <td>Type</td><td></td><td>Satisfactory/Action Required</td><td></td></tr> <tr> <td>Comment:</td><td colspan="3"></td></tr> <tr> <td>Corrective Action:</td><td></td><td>Correct Action Date:</td><td></td></tr> </table> | | | | | | | Type | | Satisfactory/Action Required | | Comment: | | | | Corrective Action: | | Correct Action Date: | |
| Type | | Satisfactory/Action Required | | | | | | | | | | | | | | | | |
| Comment: | | | | | | | | | | | | | | | | | | |
| Corrective Action: | | Correct Action Date: | | | | | | | | | | | | | | | | |

Predrill

Location ID: 332135

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:**

| BMP Type | Comment |
|--------------|---|
| Construction | <p>Bonanza Creek Energy Best Management Practices for Installation of Cement Water Vaults at locations Associated with Shallow Groundwater</p> <p>The following procedure describes construction practices for setting a partially buried pre-cast cement water vault on locations characterized as containing shallow depth to groundwater.</p> <ol style="list-style-type: none"> 1) The excavation will first be lined with 4" of clay or other low permeability soil. 2) A 30 mil liner will be installed on top of the low permeability soil. The 30 mil liner will be a contiguous liner which will underlay the entire tank battery. 3) The tank battery / water vault liner will be keyed into a galvanized steel containment ring installed surrounding the tank battery. 4) Sand bedding will be installed to protect the synthetic liner prior to placing equipment in the containment area. |

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: 432321 Type: WELL API Number: 123-37063 Status: PR Insp. Status: PR

Producing WellComment: **PR****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: RANGELAND

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? _____

CM _____

| | | |
|--|---|---|
| CA _____ | | CA Date _____ |
| 1003b. Area no longer in use? <u> In </u> | | Production areas stabilized ? <u> Pass </u> |
| 1003c. Compacted areas have been cross ripped? _____ | | |
| 1003d. Drilling pit closed? <u> Pass </u> | Subsidence over on drill pit? <u> Pass </u> | |
| 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 | | |
| <u>Cropland</u> | | |
| Top soil replaced _____ | Recontoured _____ | Perennial forage re-established _____ |
| <u>Non-Cropland</u> | | |
| Top soil replaced _____ | Recontoured _____ | 80% Revegetation _____ |
| 1003 f. Weeds Noxious weeds? _____ | | |
| Comment: | | |
| Overall Interim Reclamation | | |

| | |
|--|--|
| Date Final Reclamation Started: _____ | Date Final Reclamation Completed: _____ |
| Final Land Use: <u>RANGELAND</u> | |
| Reminder: _____ | |
| Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| Well plugged _____ | Pit mouse/rat holes, cellars backfilled _____ |
| Debris removed _____ | No disturbance /Location never built _____ |
| Access Roads _____ | Regraded _____ |
| Gravel removed _____ | Contoured _____ |
| | Culverts 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| Corrective Action: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Date _____ |
| Overall Final Reclamation _____ | Well Release on Active Location <input type="checkbox"/> |
| | Multi-Well Location <input type="checkbox"/> |

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|---|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | Gravel | Pass | | | |
| S/A/V: SATISFACTOR Y _____ Corrective Date: _____ | | | | | | |
| Comment: _____ | | | | | | |
| CA: _____ | | | | | | |
| Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT | | | | | | |

