

**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:

05/26/2016

Document Number:

674702750

Overall Inspection:

SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>335131</u>	<u>335131</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
Janicek, Jake		JJanicek@caerusoilandgas.com	
Elsener, Garrett		garrett@caerusoilandgas.com	
McKee, Michael		MMckee@caerusoilandgas.com	EHS Engineer

Compliance Summary:

QtrQtr:	<u>NWSE</u>	Sec:	<u>25</u>	Twp:	<u>6S</u>	Range:	<u>97W</u>
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Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/13/2015	674701412			SATISFACTORY			No
05/13/2014	663903191			SATISFACTORY			No
06/24/2013	663801175			SATISFACTORY	I		No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
269125	WELL	PR	09/01/2004	GW	045-09323	PUCKETT #33C-25	PR <input checked="" type="checkbox"/>
293505	WELL	PR	12/31/2008	GW	045-15016	PUCKETT 33C2-25D	PR <input checked="" type="checkbox"/>
293506	WELL	PR	12/31/2008	GW	045-15017	PUCKETT 33B-25D	PR <input checked="" type="checkbox"/>
293507	WELL	PR	12/31/2008	GW	045-15018	PUCKETT 33A-25D	PR <input checked="" type="checkbox"/>
293508	WELL	PR	12/31/2008	GW	045-15019	PUCKETT 33D-25D	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
WELLHEAD	SATISFACTORY			
BATTERY	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

Spills:

Type	Area	Volume	Corrective action	CA Date

Multiple Spills and Releases?

Fencing/:

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

Equipment:

Type: Horizontal Heated Separator	# 5	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date: 	
Type: Plunger Lift	# 5	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date: 	

Type: Bird Protectors	# 3	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	PBV STEEL	,
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
CONDENSATE	1	300 BBLS	STEEL AST	,
S/AR SATISFACTORY		Comment: Air id 045-1866-001		
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				

Venting:

Yes/No	NO
Comment	

Flaring:

Type	Satisfactory/Action Required
Comment:	

Corrective Action: _____	Correct Action Date: _____
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Predrill

Location ID: 335131
 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: <u>269125</u>	Type: <u>WELL</u>	API Number: <u>045-09323</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Producing Well

Comment: Producing well

Facility ID: <u>293505</u>	Type: <u>WELL</u>	API Number: <u>045-15016</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Producing Well

Comment: Producing well

Facility ID: <u>293506</u>	Type: <u>WELL</u>	API Number: <u>045-15017</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Producing Well

Comment: **Producing well**

Facility ID: 293507 Type: WELL API Number: 045-15018 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 293508 Type: WELL API Number: 045-15019 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 Date _____
Unused or unneeded equipment onsite? Pass
CM _____ 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: _____

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
Compaction	Pass					
		Culverts	Pass			
Seeding	Pass					

Inspector Name: LONGWORTH, MIKE

		Ditches	Pass			
Berms	Pass					

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

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
674702750	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3866540