

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:
06/15/2016
Document Number:
684901514
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|-----------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>433368</u> | <u>433368</u> | <u>Pesicka, Conor</u> | <input type="checkbox"/> | |

Operator Information:

OGCC Operator Number: 10439
Name of Operator: CARRIZO NIOBRARA LLC
Address: 500 DALLAS STREET #2300
City: HOUSTON State: TX Zip: 77002

- 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 |
|-----------------|--------------|----------------------------|---------|
| Lowery, Sheldon | 713-358-6492 | sheldon.lowery@crzo.net | |
| | | jeff.schneider@carrizo.com | |

Compliance Summary:

QtrQtr: SWSE Sec: 28 Twp: 10N Range: 59W

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------------------|-------------|-------------------------------------|
| 433369 | WELL | PR | 02/10/2014 | OW | 123-37593 | Nelson Ranches 1-33-10-59 | PR | <input checked="" type="checkbox"/> |
| 434542 | WELL | PR | 11/24/2013 | OW | 123-38239 | NELSON RANCHES 4-27-10-59 | PR | <input checked="" type="checkbox"/> |

Equipment:

Location Inventory

| | | | |
|---------------------------------|-------------------------|----------------------|----------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: <u>4</u> | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: <u>4</u> | Separators: <u>2</u> | Electric Motors: _____ |
| Gas or Diesel Mortors: <u>5</u> | Cavity Pumps: _____ | LACT Unit: _____ | Pump Jacks: <u>4</u> |
| Electric Generators: _____ | Gas Pipeline: <u>1</u> | Oil Pipeline: _____ | Water Pipeline: _____ |
| Gas Compressors: _____ | VOC Combustor: <u>2</u> | Oil Tanks: <u>12</u> | Dehydrator Units: <u>2</u> |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: <u>1</u> | 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 | | | |
| CONTAINERS | SATISFACTORY | propane, engine oil, biocide, corrosion inhibitor | | |
| 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 |
| | SATISFACTORY | | | |

| Equipment: | | | | | |
|-------------------------------|---|-------------------------------|--------------|-------|--|
| Type: Emission Control Device | # 2 | Satisfactory/Action Required: | SATISFACTORY | | |
| Comment | | | | | |
| Corrective Action | | | | Date: | |
| Type: Pump Jack | # 2 | Satisfactory/Action Required: | SATISFACTORY | | |
| Comment | | | | | |
| Corrective Action | | | | Date: | |
| Type: Ancillary equipment | # 8 | Satisfactory/Action Required: | SATISFACTORY | | |
| Comment | containers- 3 engine oil, 2 biocide, 2 corrosion inhibitor, 1 propane | | | | |
| Corrective Action | | | | Date: | |
| Type: Vertical Heater Treater | # 2 | Satisfactory/Action Required: | SATISFACTORY | | |
| Comment | | | | | |
| Corrective Action | | | | Date: | |
| Type: Vertical Separator | # 3 | Satisfactory/Action Required: | SATISFACTORY | | |
| Comment | | | | | |
| Corrective Action | | | | Date: | |
| Type: Gas Meter Run | # 5 | Satisfactory/Action Required: | SATISFACTORY | | |

| | | | |
|-----------------------|--------------------------------|-------------------------------|--------------|
| Comment | 2 production, 2 flare, 1 sales | | |
| Corrective Action | | | Date: |
| Type: Bird Protectors | # 4 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: |
| Type: Prime Mover | # 2 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | ajax | | |
| Corrective Action | | | Date: |

Facilities: New Tank Tank ID: _____

| | | | | |
|--------------------|--------------|----------|----------------|-----------------------|
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 2 | 400 BBLS | FIBERGLASS AST | 40.804670,-103.980610 |
| 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 |
| CRUDE OIL | 6 | 400 BBLS | STEEL AST | 40.804670,-103.980610 |
| 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 _____

Venting:

| | |
|--------|----|
| Yes/No | NO |
|--------|----|

| | |
|---------|--|
| Comment | |
|---------|--|

Flaring:

| Type | Satisfactory/Action Required |
|--------------------|------------------------------|
| Comment: | |
| Corrective Action: | Correct Action Date: |

Predrill

Location ID: 433368

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 |
|--|--|
| Material Handling and Spill Prevention | Operator will ensure 110 percent secondary containment for any volume of fluids contained at the well site during drilling and completion. Operator will implement best management practices to contain any unintentional release of fluids. Operator shall not allow any fluids to flow back to the Fresh Water Storage Pit/Pond. |
| Site Specific | Portions of the access road will cross highly erodible soil. The road will be built to the minimal width required and ditch vegetation will be established to prevent erosion. |
| Site Specific | Production equipment will be painted with consideration to environmental colors to reduce visual contrast with the surrounding environment. |
| Site Specific | Gas engines will be equipped with mufflers to reduce noise. |
| Storm Water/Erosion Control | Operator has designed the well pad with insloping and a storm water control ditch to prevent storm water run-on/runoff and the release of fluids from the location. See attached Construction Layout Drawing. |

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: 433369 Type: WELL API Number: 123-37593 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead plumbed to surface

CA:

CA Date:

Facility ID: 434542 Type: WELL API Number: 123-38239 Status: PR Insp. Status: PR

Producing Well

Comment: 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:

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: 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? In Production areas stabilized? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

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: RANGELAND

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

Inspector Name: Pesicka, Conor

| Storm Water: | | | | | | |
|---------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Seeding | Pass | | | | | |
| Berms | Pass | | | | | |
| Gravel | Pass | Gravel | Pass | | | |
| Slope Roughening | Pass | | | | | |

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT