

**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:

07/12/2016

Document Number:

680300840

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	227415	313980	SCHURE, KYM	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10203Name of Operator: BLACK RAVEN ENERGY INCAddress: 165 S UNION BLVD SUITE 410City: LAKEWOOD State: CO Zip: 80228

- ☐ 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
Hataway, Billy		bhataway@enerjexresources.com	
Wehrer, Gene		gwehrer@enerjexresources.com	
Koehler, Bob		bob.koehler@state.co.us	
Alstadt, J.		jaldstadt@enerjexresources.com	
Quint, Craig		craig.quint@state.co.us	

Compliance Summary:QtrQtr: NWSW Sec: 8 Twp: 1N Range: 57W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/22/2015	668303647	TA	TA	SATISFACTORY			No
12/02/2014	668302985	TA	TA	SATISFACTORY			No
05/12/2014	667200038	TA	TA	SATISFACTORY	P		No
07/24/2013	664001144	TA	TA	SATISFACTORY			No
07/03/2012	663400556	TA	TA	SATISFACTORY			No
09/21/2011	200322113	MI	TA	SATISFACTORY			No
06/29/2011	200316916	MI	TA	ACTION REQUIRED			Yes
04/08/2010	200242402	RT	TA	SATISFACTORY			No
06/05/2009	200211732	RT	TA	SATISFACTORY			No
04/09/2008	200130245	RT	TA	SATISFACTORY			No
08/14/2007	200117867	RT	TA	SATISFACTORY			No
08/02/2006	200094641	MI	TA	SATISFACTORY		Pass	No
06/03/2005	200072639	RT	TA	SATISFACTORY		Pass	No
06/04/2004	200055349	RT	TA	SATISFACTORY		Pass	No
03/26/2004	200052325	RT	TA	SATISFACTORY		Pass	No

Inspector Name: SCHURE, KYM

05/08/2003	200038564	RT	TA	SATISFACTORY		Pass	No
05/09/2002	200027040	RT	TA	SATISFACTORY		Pass	No
05/15/2001	200016872	MI	TA	SATISFACTORY	I	Pass	No
05/19/2000	200006701	RT	SI	SATISFACTORY		Pass	No

Inspector Comment:

UIC/MIT INSPECTION SATISFACTORY Casing pressure before start = 0. Casing pressure @ start = 322 psi. Casing pressure @ 5 min. = 319 psi. Casing pressure @ 10 min. = 319 psi. Casing pressure @ 15 min. = 319 psi. Loss or Gain = -3 psi. NOTE TO OPERATOR: Please submit signed Form 21 via COGCC/COGIS e-form. Form 42 Doc # 401066735

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
227415	WELL	TA	05/03/1990	ERIW	087-60020	ADENA J SAND UNIT W-14	TA	<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 Motors: _____	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			

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
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Equipment:			
Type: Other	# 0	Satisfactory/Action Required: SATISFACTORY	
Comment	No change in surface equipment inventoried.		
Corrective Action		Date:	

Venting:	
Yes/No	
Comment	

Flaring:			
Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

Predrill			
Location ID: 227415			
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:	
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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:
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Summary of Landowner Issues:

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Summary of Operator Response to Landowner Issues:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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Facility

Facility ID: 227415 Type: WELL API Number: 087-60020 Status: TA Insp. Status: TA

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: JSND

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 09/21/2011

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 0 Csg psi: 319 BH psi: _____

Insp. Status: Pass

Comment: Casing pressure before start = 0. Casing pressure @ start = 322 psi. Casing pressure @ 5 min. = 319 psi. Casing pressure @ 10 min. = 319 psi. Casing pressure @ 15 min. = 319 psi. Loss or Gain = -3 psi. SATISFACTORY

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? _____

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 REVEGETATIONCropland

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 ☐

Inspector Name: SCHURE, KYM

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Other	Pass	Other	Pass			
S/A/V: SATISFACTOR Corrective Date: _____ Y _____						
Comment: Use BMP's for stormwater erosion control and management						
CA: _____						
Pits: <input type="checkbox"/> 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
680300846	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3903876