

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:
	<u>227415</u>	<u>313980</u>	<u>SCHURE, KYM</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>10203</u>
Name of Operator:	<u>BLACK RAVEN ENERGY INC</u>
Address:	<u>165 S UNION BLVD SUITE 410</u>
City:	<u>LAKEWOOD</u> State: <u>CO</u> Zip: <u>80228</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
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 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			

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

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: _____

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

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./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 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

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: 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
680300840	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3903903
680300846	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3903876