

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:
07/13/2016
Document Number:
680300845
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>227419</u>	<u>313983</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
Quint, Craig		craig.quint@state.co.us	
Hataway, Billy		bhataway@enerjexresources.com	
Koehler, Bob		bob.koehler@state.co.us	UIC MIT
Alstadt, J.		jaldstadt@enerjexresources.com	
Wehrer, Gene		gwehrer@enerjexresources.com	

Compliance Summary:

QtrQtr: NESE Sec: 18 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	668303643	TA	TA	SATISFACTORY			No
12/03/2014	668302987	TA	TA	SATISFACTORY			No
05/12/2014	667200041	TA	TA	SATISFACTORY	P		No
07/24/2013	668200551	TA	TA	SATISFACTORY	P		No
07/05/2012	663400564	TA	TA	SATISFACTORY			No
06/29/2011	200314653	MI	TA	ACTION REQUIRED			Yes
04/08/2010	200242406	RT	TA	SATISFACTORY			No
06/05/2009	200211701	RT	TA	SATISFACTORY			No
04/09/2008	200130249	RT	TA	SATISFACTORY			No
08/30/2007	200118201	RT	TA	SATISFACTORY			No
08/02/2006	200094645	MI	TA	SATISFACTORY		Pass	No
06/08/2005	200076011	RT	TA	SATISFACTORY		Pass	No
05/05/2004	200054106	RT	TA	SATISFACTORY		Pass	No
05/08/2003	200038572	RT	TA	SATISFACTORY		Pass	No
05/09/2002	200027048	RT	TA	SATISFACTORY		Pass	No

Inspector Name: SCHURE, KYM

05/15/2001	200016865	MI	TA	SATISFACTORY	I	Pass	No
05/19/2000	200006695	RT	SI	SATISFACTORY		Pass	No

Inspector Comment:

UIC/MIT SATISFACTORY Form 21 attached Form 42 Doc# 401066866

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
227419	WELL	TA	04/20/1990	ERIW	087-60024	ADENA J SAND UNIT W-22	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:
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Venting:

Yes/No	
Comment	

Flaring:

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

Predrill

Location ID: 227419

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>227419</u>	Type: <u>WELL</u>	API Number: <u>087-60024</u>	Status: <u>TA</u>	Insp. Status: <u>TA</u>
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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: 06/29/2011

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

Comment: _____

Method of Injection: _____

Test Type: 5 Year _____ Tbg psi: _____ Csg psi: 360 _____ BH psi: _____

Insp. Status: Pass _____

Comment: Casing pressure before start = 0. Casing pressure @ start = 360 psi. Casing pressure @ 5 min. = 360 psi. Casing pressure @ 10 min. = 360 psi. Casing pressure @ 15 min. = 360 psi. Loss or Gain = 0. SATISFACTORY

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/A/V: SATISFACTORY _____ CA Date: _____

CA: _____

Comment: UIC/MIT

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 _____

Inspector Name: SCHURE, KYM

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
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
680300845	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3904063
680300862	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3904033