

**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:

07/21/2016

Document Number:

680300902

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	225223	313808	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	
Quint, Craig		craig.quint@state.co.us	
Alstadt, J.		jaldstadt@enerjexresources.com	

Compliance Summary:

QtrQtr:	SENE	Sec:	30	Twp:	2N	Range:	57W
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/03/2014	668303003	TA	TA	SATISFACTORY			No
05/12/2014	667200034	TA	TA	SATISFACTORY	P		No
07/26/2013	664001156	TA	TA	SATISFACTORY			No
07/02/2012	663400537	TA	TA	SATISFACTORY			No
06/28/2011	200314445	MI	TA	ACTION REQUIRED			Yes
04/08/2010	200242364	RT	SI	SATISFACTORY			No
08/11/2009	200216387	RT	TA	SATISFACTORY			No
04/21/2008	200130611	RT	TA	SATISFACTORY			No
08/04/2006	200094716	MI	TA	SATISFACTORY		Pass	No
06/08/2005	200072662	RT	TA	SATISFACTORY		Pass	No
05/27/2004	200055281	RT	TA	SATISFACTORY		Pass	No
05/05/2004	200054128	RT	TA	SATISFACTORY		Pass	No
05/15/2003	200038858	RT	TA	SATISFACTORY		Pass	No
04/16/2002	200026043	RT	TA	SATISFACTORY		Pass	No
06/26/2001	200017692	MI	TA	SATISFACTORY	I	Pass	No
08/17/2000	200009459	RT	TA	SATISFACTORY		Pass	No

Inspector Name: SCHURE, KYM

08/17/2000	200009460	RT	TA	SATISFACTORY		Pass	No
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Inspector Comment:

MIT to Maintain SI/TA status. SATISFACTORY Form 42 Doc# 401082069 Form 21 attached. Operator requested June 2016 inspection date, scheduling conflict for Field Inspector, 7-21-2016 MIT scheduling approved by Inspector. Operator Note: Please submit completed Form 21 to COGIS via e-form.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
225223	WELL	TA	05/14/1990	ERIW	087-05623	TIMPE 1	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 surface equipment, injection well returning to production.	

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: 225223

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:

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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: 225223 Type: WELL API Number: 087-05623 Status: TA Insp. Status: TA

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: Injection well returning to PR. MIT performed to maintain SI/TA status. Casing pressure before start = 0. Casing pressure @ start = 380 psi. Casing pressure @ 5 min. = 375 psi. Casing pressure @ 10 min. = 375 psi. Casing pressure @ 15 min. = 375 psi. Loss or Gain = -5 psi.

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 ☐**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

