

**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:

07/29/2016

Document Number:

680702415

Overall Inspection:

SATISFACTORY w/ CMT  
or AR**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	243482	319437	Peterson, Tom	<input type="checkbox"/>	

**Operator Information:**OGCC Operator Number: 69175Name of Operator: PDC ENERGY INCAddress: 1775 SHERMAN STREET - STE 3000City: DENVER State: CO Zip: 80203

- ☐ 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
		cogccinspection@pdce.com	All inspections

**Compliance Summary:**QtrQtr: NESW Sec: 21 Twp: 4N Range: 67W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/09/2012	661601306	PR	PR	SATISFACTORY			No
12/03/2008	200128646	PR	WO	SATISFACTORY			No
01/06/2006	200082436	PR	PR	SATISFACTORY		Pass	No
06/12/2003	200040186	PR	PR	SATISFACTORY		Pass	No
12/04/2001	200022865	PR	PR	SATISFACTORY		Pass	No
05/10/2001	200016825	PR	PR	SATISFACTORY		Pass	No
05/12/1997	500166862	PR	PR				
03/03/1997	500166861	PR	PR			Pass	No
07/21/1994	500166860		PR			Pass	No

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
243482	WELL	PR	04/23/2007	OW	123-11273	BUNYAN 1	PR	<input checked="" type="checkbox"/>
418627	WELL	PR	07/31/2011	OW	123-31963	Walters 21ODU	PR	<input checked="" type="checkbox"/>
418641	WELL	PR	07/31/2011	OW	123-31966	Walters 23-21DU	PR	<input checked="" type="checkbox"/>
418642	WELL	PR	08/31/2011	OW	123-31967	Ryland 20XD	PR	<input checked="" type="checkbox"/>
418643	WELL	PR	08/31/2011	OW	123-31968	Wedco 13-21DU	PR	<input checked="" type="checkbox"/>

Inspector Name: Peterson, Tom

418754	WELL	PR	08/31/2011	OW	123-31996	Wedco 14-21DU	PR	<input checked="" type="checkbox"/>
418759	WELL	PR	07/31/2011	OW	123-31998	Walters 21LDU	PR	<input checked="" type="checkbox"/>
418760	WELL	PR	10/01/2011	OW	123-31999	Ryland 20YD	PR	<input checked="" type="checkbox"/>
418762	WELL	PR	07/31/2011	OW	123-32000	Walters 21QDU	PR	<input checked="" type="checkbox"/>
418767	WELL	PR	08/30/2011	OW	123-32001	Walters 24-21DU	PR	<input checked="" type="checkbox"/>

**Equipment:**Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>10</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>2</u>	Separators: <u>4</u>	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: <u>3</u>	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
BATTERY	ACTION REQUIRED	Battery signage does not accurately reflect all wells being produced into battery. See attached photo.	Install sign to comply with rule 210.	09/30/2016
TANK LABELS/PLACARDS	SATISFACTORY			
CONTAINERS	SATISFACTORY			
WELLHEAD	SATISFACTORY	x 10		

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?

<b>Fencing/:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
IGNITOR/COMBUST OR	SATISFACTORY	Panel x 2		
WELLHEAD	SATISFACTORY	Panel x 10		

<b>Equipment:</b>				
Type: Ancillary equipment	# 3	Satisfactory/Action Required:	SATISFACTORY	
Comment	Automation array, methanol system and ECD scrubber			
Corrective Action				Date:
Type: Horizontal Heated Separator	# 3	Satisfactory/Action Required:	SATISFACTORY	
Comment	N40.29567 W-104.89931			
Corrective Action				Date:
Type: Bird Protectors	# 5	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Emission Control Device	# 2	Satisfactory/Action Required:	SATISFACTORY	
Comment	N40.29567 W-104.89929			
Corrective Action				Date:
Type: Plunger Lift	# 10	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Compressor	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	N40.29670 W-104.89928			
Corrective Action				Date:
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Multiple tube meter run			
Corrective Action				Date:
Type: Pig Station	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	N40.29569 W-104.89966			
Corrective Action				Date:

<b>Facilities:</b>				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	100 BBLS	PBV FIBERGLASS	40.296070,-104.899360
S/AR	SATISFACTORY	Comment:		
Corrective Action:				Corrective Date:
<b>Paint</b>				
Condition	Adequate			
Other (Content) _____				
Other (Capacity) _____				

Inspector Name: Peterson, Tom

Other (Type) \_\_\_\_\_

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

**Facilities:**

☐ New Tank

Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	3	400 BBLS	STEEL AST	40.296070,-104.899360	
S/AR	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	

**Paint**

Condition	Adequate
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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: 243482

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: 243482 Type: WELL API Number: 123-11273 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead is exposed at surface.

CA: \_\_\_\_\_

CA Date: \_\_\_\_\_

Facility ID: 418627 Type: WELL API Number: 123-31963 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 418641 Type: WELL API Number: 123-31966 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 418642 Type: WELL API Number: 123-31967 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 418643 Type: WELL API Number: 123-31968 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 418754 Type: WELL API Number: 123-31996 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 418759 Type: WELL API Number: 123-31998 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 418760 Type: WELL API Number: 123-31999 Status: PR Insp. Status: PR

**Producing Well**Comment: **PR****BradenHead**Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 418762 Type: WELL API Number: 123-32000 Status: PR Insp. Status: PR

**Producing Well**Comment: **PR****BradenHead**Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 418767 Type: WELL API Number: 123-32001 Status: PR Insp. Status: PR

**Producing Well**Comment: **PR****BradenHead**Comment: **Bradenhead is exposed at 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:**

Inspector Name: Peterson, Tom

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: IRRIGATED

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? \_\_\_\_\_ 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: IRRIGATED

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 \_\_\_\_\_



Inspector Name: Peterson, Tom

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
Gravel	Pass	Gravel	Pass	SI	Pass	

S/A/V: SATISFACTOR  
Y \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

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
680702416	Battery signs	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3916427">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3916427</a>