

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: 08/19/2016
Document Number: 684902048
Overall Inspection: SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	432611	432611	Pesicka, Conor	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: 8960
Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANY
Address: 410 17TH STREET SUITE #1400
City: DENVER State: CO Zip: 80202

- 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
		EHSRC@bonanzacrk.com	All Inspections

Compliance Summary:

QtrQtr: NWNE Sec: 22 Twp: 5N Range: 61W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
432606	WELL	PR	10/14/2013	OW	123-37186	Pronghorn P-T-22HNB	PR	<input checked="" type="checkbox"/>
437604	WELL	XX	06/14/2014	LO	123-39619	Pronghorn U-Y-22HNB	XX	<input type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>7</u>	Production Pits: _____
Condensate Tanks: <u>28</u>	Water Tanks: <u>7</u>	Separators: <u>7</u>	Electric Motors: <u>7</u>
Gas or Diesel Mortors: <u>7</u>	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>7</u>
Electric Generators: <u>4</u>	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: <u>6</u>	VOC Combustor: <u>7</u>	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: <u>1</u>	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment:	
Corrective Action:	

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION	SATISFACTORY	barbed wire		

Equipment:				
Type: Bird Protectors	# 5	Satisfactory/Action Required:		SATISFACTORY
Comment				
Corrective Action				Date:
Type: Emission Control Device	# 4	Satisfactory/Action Required:		SATISFACTORY
Comment				
Corrective Action				Date:
Type: Pig Station	# 1	Satisfactory/Action Required:		SATISFACTORY
Comment				
Corrective Action				Date:
Type: Gas Meter Run	# 1	Satisfactory/Action Required:		SATISFACTORY
Comment				
Corrective Action				Date:
Type: Prime Mover	# 1	Satisfactory/Action Required:		SATISFACTORY
Comment electric				
Corrective Action				Date:
Type: Horizontal Heated Separator	# 1	Satisfactory/Action Required:		SATISFACTORY
Comment				
Corrective Action				Date:
Type: Pump Jack	# 1	Satisfactory/Action Required:		SATISFACTORY
Comment				
Corrective Action				Date:

Tanks and Berms:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	500 BBLS	FIBERGLASS AST	40.392500,-104.189130
S/AR	SATISFACTORY	Comment:		
Corrective Action:				Corrective Date:
Paint				
Condition	Adequate			
Other (Content) _____				

Inspector Name: Pesicka, Conor

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Comment **Shared with crude oil**

Tanks and Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	<100 BBLS	PBV CONCRETE	40.392500,-104.189130

S/AR SATISFACTORY Comment: _____

Corrective Action:		Corrective Date:	
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Paint

Condition Adequate

Other (Content) _____

Other (Capacity) 60bbl _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Comment **Shared with crude oil**

Tanks and Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	6	500 BBLS	STEEL AST	40.392500,-104.189130

S/AR SATISFACTORY Comment: _____

Corrective Action:		Corrective Date:	
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Paint

Condition Adequate

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	
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Comment _____

Venting:

Yes/No NO

Comment _____

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

Predrill

Location ID: 432611

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AR: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

Wildlife BMPs:

BMP Type	Comment
Construction	<p>Bonanza Creek Energy Best Management Practices for Installation of Cement Water Vaults at locations Associated with Shallow Groundwater</p> <p>The following procedure describes construction practices for setting a partially buried pre-cast cement water vault on locations characterized as containing shallow depth to groundwater.</p> <ol style="list-style-type: none"> 1) The excavation will first be lined with 4" of clay or other low permeability soil. 2) A 30 mil liner will be installed on top of the low permeability soil. The 30 mil liner will be a contiguous liner which will underlay the entire tank battery. 3) The tank battery / water vault liner will be keyed into a galvanized steel containment ring installed surrounding the tank battery. 4) Sand bedding will be installed to protect the synthetic liner prior to placing equipment in the containment area.

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: 432606 Type: WELL API Number: 123-37186 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead plumbed to 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:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): Y _____

Comment: _____

Pilot: ON _____ Wildlife Protection Devices (fired vessels): YES _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: RANGELAND

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? In Production areas stabilized ? Pass
- 1003c. Compacted areas have been cross ripped? _____
- 1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass
 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: RANGELAND

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
Gravel	Pass	Gravel	Pass			

S/A/V: SATISFACTORY Corrective Date: _____

Comment:

CA:

Pits: NO SURFACE INDICATION OF PIT