

**FORM
INSP**

Rev
X/15

**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:
10/21/2016
Submitted Date:
10/21/2016
Document Number:
673403780

FIELD INSPECTION FORM

Loc ID 324683 Inspector Name: Waldron, Emily On-Site Inspection 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

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

Findings:

3 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

| Contact Name | Phone | Email | Comment |
|--------------|--------------|----------------------|---------------------------------|
| Jones, | 661-444-0999 | EHSRC@bonanzacrk.com | All Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 212414 | WELL | PR | 07/22/2004 | OW | 057-06307 | FEDERAL 8-27 | SI |

General Comment:

Location

Overall Good:

Signs/Marker:

| | | | |
|--------------------|---------------|--|-------|
| | Type WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Emergency Contact Number:

| | | | |
|--------------------|----------------|--|-------------|
| Comment: | 1-800-578-5610 | | |
| Corrective Action: | | | Date: _____ |

Overall Good:

Spills:

| Type | Area | Volume | | | |
|------|------|--------|--|--|--|
| | | | | | |

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

| | | | | | corrective date |
|--------------------------|-----|--|--|--|-----------------|
| Type: Pump Jack | # 1 | | | | |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |
| Type: Deadman # & Marked | # 4 | | | | |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Venting:

| | | | |
|--------------------|----|--|-------|
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Flaring:

| | | | |
|--------------------|--|--|-------|
| Type | | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Inspected Facilities

Facility ID: 212414 Type: WELL API Number: 057-06307 Status: PR Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment:

Corrective Action: Date: _____

Reclamation - Storm Water - Pit

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT