

FORM
INSPRev
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:

11/08/2016

Submitted Date:

11/09/2016

Document Number:

673714347

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
447874 _____ Sherman, Susan _____ 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: 10618
 Name of Operator: BISON OIL & GAS LLC
 Address: 999 18TH STREET #3370
 City: DENVER State: CO Zip: 80202

Findings:

- 6 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Wenk, Abigal	720-644-6997	awent@bisonog.com	
Gonzales, Davis	720-644-6997	dgonzales@bisonog.com	President and COO
Akers, John Austin	(303) 550-1877	aakers@bisonog.com	Principal agent

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
447895	WELL	XX	11/04/2016		005-07255	Bison 4-64 15-16 2BHZ	DG

General Comment:

Location

Overall Good:

Signs/Marker:

Type	OTHER		
Comment:	Lease sign on Manilla Rd		
Corrective Action:		Date:	
Type	DRILLING/RECOMP		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Location Construction

Location ID: 447895 CDP: _____

Comment:

Corrective Action:

Date: _____

Form 2A COAs:

Comment: Access road and location watered for dust mitigation.

Corrective Action:

Date: _____

Wildlife BMPs:

Comment:

Corrective Action:

Date: _____

Comment:

Corrective Action:

Date: _____

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:

Inspected Facilities

Facility ID: 447895 Type: WELL API Number: 005-07255 Status: XX Insp. Status: DG

Well Drilling

Rig: Rig Name: Ensign 121 Pusher/Rig Manager: Kent Moore
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids

Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment: _____

Corrective Action: _____ Date: _____

Cement

Cement Contractor

Contractor Name: Halliburton, Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____ Circulate to Surface: _____
 Cement Fall Back: _____ Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____ Good Return During Job: _____

Production Casing

Cement Volume (sx): 2002 Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____ Cement Volume (sx): _____

Good Return During Job: _____ Cement Type: _____

Comment: Circulated prior to cementing, cement ~13.06#, ~8 BBLs/min, ~2 hrs

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
Waddles	Pass					added to access road since last inspection

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT