

**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:

11/28/2016

Submitted Date:

11/29/2016

Document Number:

673714492**FIELD INSPECTION FORM**
 Loc ID 447874 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 10618Name of Operator: BISON OIL & GAS LLCAddress: 999 18TH STREET #3370City: DENVER State: CO Zip: 80202**Status Summary:**

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

Findings:6 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

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

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
447895	WELL	XX	11/21/2016		005-07255	Bison 4-64 15-16 2BHZ	WO

General Comment:

LocationOverall Good: ☒**Signs/Marker:**

Type	OTHER		
Comment:	Location sign on Manilla Rd		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 303-481-2844

Corrective Action: _____ Date: _____

Overall Good: ☐**Spills:**

Type	Area	Volume		
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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: _____

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:	WO	
BradenHead										
Comment:		<div>Bradenhead 0 psi</div> <div>Casing 0 psi</div>								
Corrective Action:		<div></div>						Date:		<div></div>

Reclamation - Storm Water - Pit**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			
		Culverts	Pass			
Slope Roughening	Pass	Rip Rap	Pass			
Retention Ponds	Pass	Mulching	Pass			
		Waddles	Pass			
Ditches	Pass	Ditches	Pass			
		Seeding	Pass			

Comment: Corrective Action: Date: **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
673714492	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4015191
673714493	Bison 4-64 15-16 2BHZ	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4015184