

**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:

03/02/2017

Submitted Date:

03/02/2017

Document Number:

674703691

**FIELD INSPECTION FORM**

Loc ID 416157 Inspector Name: LONGWORTH, MIKE On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_

**Operator Information:**

OGCC Operator Number: 10456

Name of Operator: CAERUS PICEANCE LLC

Address: 1001 17TH STREET #1600

City: DENVER State: CO Zip: 80202

**Status Summary:**

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

**Findings:**

2 Number of Comments

0 Number of Corrective Actions

☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
McKee, Michael		MMckee@caerusoilandgas.com	
Elsener, Garrett		garrett@caerusoilandgas.com	
Janicek, Jake		JJanicek@caerusoilandgas.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
448168	WELL	XX	10/23/2016		045-23357	Puckett 32D-26-697	DG

**General Comment:**

**Location**Overall Good: ☒

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: 416157 CDP: \_\_\_\_\_

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

Corrective Action: \_\_\_\_\_

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

#### Form 2A COAs:

**Comment:** Notices are being received

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: 448168 Type: WELL API Number: 045-23357 Status: XX Insp. Status: DG

**Well Drilling**

**Rig:** Rig Name: H&P 330 Pusher/Rig Manager: Whitey  
 Permit Posted: \_\_\_\_\_ Access Sign: \_\_\_\_\_

**Well Control Equipment:**

Pipe Ram: YES Blind Ram: YES Hydril Type: YES  
 Pressure Test BOP: Pass Test Pressure PSI: \_\_\_\_\_ Safety Plan: YES

**Drill Fluids****Management:**

Lined Pit: \_\_\_\_\_ Unlined Pit: \_\_\_\_\_ Closed Loop: YES Semi-Closed Loop: \_\_\_\_\_  
 Multi-Well: \_\_\_\_\_ Disposal Location: \_\_\_\_\_

**Comment:** Cementing production line

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**Cement****Cement Contractor**

Contractor Name: ALTCEM Contractor Phone: \_\_\_\_\_

**Surface Casing**

Cement Volume (sx): \_\_\_\_\_ Circulate to Surface: \_\_\_\_\_  
 Cement Fall Back: NO Top Job, 1" Volume: \_\_\_\_\_

**Intermediate Casing**

Cement Volume (sxs): \_\_\_\_\_ Good Return During Job: \_\_\_\_\_

**Production Casing**

Cement Volume (sx): 941 sks Good Return During Job: YES

**Plugging Operations**

Depth Plugs(feet range): \_\_\_\_\_ Cement Volume (sx): \_\_\_\_\_  
 Good Return During Job: YES Cement Type: \_\_\_\_\_

**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
				Material Handling And Spill Prevention	Pass	
				Covering Materials	Pass	
		Compaction	Pass			
		Ditches	Pass			
		Gravel	Pass			
Gravel	Pass					
Compaction	Pass					
Berms	Pass					
		Culverts	Pass			

Comment: Corrective Action: Date: **Pits:** ☒ NO SURFACE INDICATION OF PIT