

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:

05/30/2017

Submitted Date:

05/30/2017

Document Number:

674005243

### FIELD INSPECTION FORM

Loc ID 444819 Inspector Name: Carlile, Craig 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: 10542Name of Operator: CUB CREEK ENERGYAddress: 200 PLAZA DRIVE SUITE 100City: HIGHLANDS State: CO Zip: 80129**Findings:**12 Number of Comments0 Number of Corrective Actions Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Baily, Scott		scott.baily@cub-creek.com	
Gardner, Bob		bob.gardner@cub-creek.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
444821	WELL	DG	05/20/2017		123-42770	Litzenberger 10	DG
444822	WELL	DG	05/21/2017		123-42771	Litzenberger 12	DG
444824	WELL	DG	05/20/2017		123-42773	Litzenberger 9	DG
444829	WELL	DG	05/18/2017		123-42778	Litzenberger 6	DG
444831	WELL	DG	05/19/2017		123-42780	Litzenberger 7	DG
444832	WELL	DG	05/22/2017		123-42781	Litzenberger 11	DG
444833	WELL	DG	05/17/2017		123-42782	Litzenberger 5	DG
444835	WELL	DG	05/16/2017		123-42784	Litzenberger 4	DG

**General Comment:**

**Location**

Overall Good:

**Signs/Marker:**

Type OTHER

Comment: [Location Entrance](#)

Corrective Action:

Date:

**Emergency Contact Number:**

Comment:

Corrective Action:

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

Overall Good:

**Spills:**

Type

Area

Volume

In Containment: No

Comment:

Multiple Spills and Releases?

**Fencing/:**

Type OTHER

Comment: [Sound Walls](#)

Corrective Action:

Date:

**Venting:**

Yes/No

Comment:

Corrective Action:

Date:

**Flaring:**

Type

Comment:

Corrective Action:

Date:

Inspected Facilities							
Facility ID:	444821	Type:	WELL	API Number:	123-42770	Status:	DG
<b>Well Drilling</b>							
<b>Rig:</b>	Rig Name: Xtreme 18	Pusher/Rig Manager: _____					
	Permit Posted: Yes	Access Sign: Yes					
<b>Well Control Equipment:</b>							
	Pipe Ram: _____	Blind Ram: _____	Hydril Type: _____				
	Pressure Test BOP: _____	Test Pressure PSI: _____	Safety Plan: _____				
<b>Drill Fluids Management:</b>							
	Lined Pit: _____	Unlined Pit: _____	Closed Loop: _____	Semi-Closed Loop: _____			
	Multi-Well: _____	Disposal Location: _____					
	<b>Comment:</b> <span style="color: blue;">Surface casing set.</span>						
	Corrective Action: _____					Date: _____	
Facility ID:	444822	Type:	WELL	API Number:	123-42771	Status:	DG
<b>Well Drilling</b>							
<b>Rig:</b>	Rig Name: Xtreme 18	Pusher/Rig Manager: _____					
	Permit Posted: Yes	Access Sign: Yes					
<b>Well Control Equipment:</b>							
	Pipe Ram: _____	Blind Ram: _____	Hydril Type: _____				
	Pressure Test BOP: _____	Test Pressure PSI: _____	Safety Plan: _____				
<b>Drill Fluids Management:</b>							
	Lined Pit: _____	Unlined Pit: _____	Closed Loop: _____	Semi-Closed Loop: _____			
	Multi-Well: _____	Disposal Location: _____					
	<b>Comment:</b> <span style="color: blue;">Surface casing set.</span>						
	Corrective Action: _____					Date: _____	
Facility ID:	444824	Type:	WELL	API Number:	123-42773	Status:	DG
<b>Well Drilling</b>							
<b>Rig:</b>	Rig Name: Xtreme 18	Pusher/Rig Manager: _____					
	Permit Posted: Yes	Access Sign: Yes					
<b>Well Control Equipment:</b>							
	Pipe Ram: _____	Blind Ram: _____	Hydril Type: _____				
	Pressure Test BOP: _____	Test Pressure PSI: _____	Safety Plan: _____				
<b>Drill Fluids Management:</b>							
	Lined Pit: _____	Unlined Pit: _____	Closed Loop: _____	Semi-Closed Loop: _____			
	Multi-Well: _____	Disposal Location: _____					
	<b>Comment:</b> <span style="color: blue;">Surface casing set</span>						
	Corrective Action: _____					Date: _____	
Facility ID:	444829	Type:	WELL	API Number:	123-42778	Status:	DG
<b>Well Drilling</b>							
<b>Rig:</b>	Rig Name: Xtreme 18	Pusher/Rig Manager: _____					
	Permit Posted: Yes	Access Sign: Yes					
<b>Well Control Equipment:</b>							
	Pipe Ram: _____	Blind Ram: _____	Hydril Type: _____				
	Pressure Test BOP: _____	Test Pressure PSI: _____	Safety Plan: _____				
<b>Drill Fluids Management:</b>							
	Lined Pit: _____	Unlined Pit: _____	Closed Loop: _____	Semi-Closed Loop: _____			
	Multi-Well: _____	Disposal Location: _____					
	<b>Comment:</b> <span style="color: blue;">Surface casing set</span>						
	Corrective Action: _____					Date: _____	

**Well Drilling**

**Rig:** Rig Name: Xtreme 18 Pusher/Rig Manager: \_\_\_\_\_  
 Permit Posted: Yes Access Sign: Yes

**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: Surface casing set

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

Facility ID: 444831 Type: WELL API Number: 123-42780 Status: DG Insp. Status: DG

**Well Drilling**

**Rig:** Rig Name: Xtreme 18 Pusher/Rig Manager: \_\_\_\_\_  
 Permit Posted: Yes Access Sign: Yes

**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: Surface casing set.

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

Facility ID: 444832 Type: WELL API Number: 123-42781 Status: DG Insp. Status: DG

**Well Drilling**

**Rig:** Rig Name: Xtreme 18 Pusher/Rig Manager: \_\_\_\_\_  
 Permit Posted: Yes Access Sign: Yes

**Well Control Equipment:**

Pipe Ram: YES Blind Ram: YES Hydril Type: YES  
 Pressure Test BOP: Pass Test Pressure PSI: 5000 Safety Plan: YES

**Drill Fluids Management:**

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

Comment: Water based mud in use.

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

**Cement**

**Cement Contractor**

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

**Surface Casing**

Cement Volume (sx): _____	Circulate to Surface: _____
Cement Fall Back: _____	Top Job, 1" Volume: _____
<b>Intermediate Casing</b>	
Cement Volume (sxs): _____	Good Return During Job: _____
<b>Production Casing</b>	
Cement Volume (sx): _____	Good Return During Job: <u>YES</u>
<b>Plugging Operations</b>	
Depth Plugs(feet range): _____	Cement Volume (sx): _____
Good Return During Job: _____	Cement Type: _____
<b>Comment:</b>	<u>Cement of production casing underway at time of inspection. Disposal bins on location, see photos.</u>
Corrective Action: _____	Date: _____

Facility ID: <u>444833</u>	Type: <u>WELL</u>	API Number: <u>123-42782</u>	Status: <u>DG</u>	Insp. Status: <u>DG</u>
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<b>Well Drilling</b>			
<b>Rig:</b>	Rig Name: <u>Xtreme 18</u>	Pusher/Rig Manager: _____	
	Permit Posted: <u>Yes</u>	Access Sign: <u>Yes</u>	
<b>Well Control Equipment:</b>			
Pipe Ram: _____	Blind Ram: _____	Hydril Type: _____	
Pressure Test BOP: _____	Test Pressure PSI: _____	Safety Plan: _____	
<b>Drill Fluids Management:</b>			
Lined Pit: _____	Unlined Pit: _____	Closed Loop: _____	Semi-Closed Loop: _____
Multi-Well: _____	Disposal Location: _____		
<b>Comment:</b>	<u>Surface casing set.</u>		
Corrective Action: _____	Date: _____		

Facility ID: <u>444835</u>	Type: <u>WELL</u>	API Number: <u>123-42784</u>	Status: <u>DG</u>	Insp. Status: <u>DG</u>
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<b>Well Drilling</b>			
<b>Rig:</b>	Rig Name: <u>Xtreme 18</u>	Pusher/Rig Manager: _____	
	Permit Posted: <u>Yes</u>	Access Sign: <u>Yes</u>	
<b>Well Control Equipment:</b>			
Pipe Ram: _____	Blind Ram: _____	Hydril Type: _____	
Pressure Test BOP: _____	Test Pressure PSI: _____	Safety Plan: _____	
<b>Drill Fluids Management:</b>			
Lined Pit: _____	Unlined Pit: _____	Closed Loop: _____	Semi-Closed Loop: _____
Multi-Well: _____	Disposal Location: _____		
<b>Comment:</b>	<u>Surface casing set.</u>		
Corrective Action: _____	Date: _____		

<b>COGCC Comments</b>

Comment	User	Date
<p>Drilling location inspection.                      Company representative on location Siji Chaparro                      Location surrounded be sound walls.                      Silt fence and ditching allog north side photo attached.</p>	carlilec	05/30/2017

**Attached Documents**

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
674005244	Photos	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4157879">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4157879</a>