

**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:

06/01/2017

Submitted Date:

06/01/2017

Document Number:

679902610**FIELD INSPECTION FORM**

Loc ID 304271 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 86610Name of Operator: CAERUS WASHCO LLCAddress: 1001 17TH STREET - STE #1600City: DENVER State: CO Zip: 80202**Status Summary:**

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

Findings:8 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

| Contact Name | Phone | Email | Comment |
|----------------|----------------------|---------------------------------|---------|
| Quint, Craig | | craig.quint@state.co.us | |
| Grant, Rachael | 918-585-1650 ext 212 | regulatory@foundationenergy.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|
| 89495 | WELL | IJ | 02/06/2014 | DSPW | 125-08172 | ALLISON WDW 41-6 | AC |

General Comment:

Routine UIC Inspection

Location**Lease Road:**

| | | | |
|-------------------|---------------------------|-------|--|
| Type | Access | | |
| comment: | Access off of county road | | |
| Corrective Action | L | Date: | |

Overall Good: ☒**Signs/Marker:**

| | | | |
|--------------------|-----------------------------------|-------|--|
| Type | WELLHEAD | | |
| Comment: | Lease sign by wellhead | | |
| Corrective Action: | | Date: | |
| Type | BATTERY | | |
| Comment: | Lease sign mounted to fence | | |
| Corrective Action: | | Date: | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | Stickers and metal signs by tanks | | |
| Corrective Action: | | Date: | |
| Type | CONTAINERS | | |
| Comment: | Stickers on chemical tanks | | |
| 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 | LOCATION | | |
| Comment: | Wire fence around location | | |
| Corrective Action: | | Date: | |

Venting:

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

Flaring:

| | | |
|----------|--|--|
| Type | | |
| Comment: | | |

| | | | |
|--------------------|--|-------|--|
| Corrective Action: | | Date: | |
|--------------------|--|-------|--|

Inspected FacilitiesFacility ID: 89495 Type: WELL API Number: 125-08172 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg -3.5" HG Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg)

Inj Zone: LKMRTC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 05/14/2015Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NOComment: CASING HAD A LIGHT PUFF, DIED IMMEDIATELY. TBG IJ @ -3.5" HG PSIG

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

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 |
|------------------|-----------------|-------------------------|-----------------------|--|--------------------------|---------|
| Gravel | Pass | | | | | |
| Compaction | Pass | | | Material Handling And Spill Prevention | Pass | |

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT