

**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:

11/28/2017

Submitted Date:

12/04/2017

Document Number:

689800625**FIELD INSPECTION FORM**

Loc ID      Inspector Name:      On-Site Inspection ☐  
 324737      Waldron, Emily      2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 8960Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANYAddress: 410 17TH STREET SUITE #1400City: DENVER      State: CO      Zip: 80202**Status Summary:**

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

**Findings:**4 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Peterson,		EHSRC@bonanzacrk.com	<a href="#">All Inspections</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
272051	WELL	PR	07/19/2004	OW	057-06446	MCCALLUM UNIT 192	SI

**General Comment:**[Routine FIU inspection.](#)

**Location**Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 1-800-578-5610

Corrective Action:

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

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

Type: Pump Jack	# 1		corrective date
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities									
Facility ID:	272051	Type:	WELL	API Number:	057-06446	Status:	PR	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned      Reminder: _____									
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

Comment: [No apparent soil migration; erosion or soil movement.](#)

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
689800626	Inspection Photo	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4316412">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4316412</a>