

**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:

01/22/2018

Submitted Date:

01/22/2018

Document Number:

680402401

**FIELD INSPECTION FORM**

Loc ID 335680 Inspector Name: BROWNING, CHUCK 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: 10668  
Name of Operator: CAERUS ENERGY SERVICES LLC  
Address: 1001 17TH STREET #1600  
City: DENVER State: CO Zip: 80202

**Findings:**

- 7 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Elsner, Garrett	(303) 565-4600	COGCC.inspections@caerusoilandgas.com	All Piceance inspections
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Labowskie, Steve		steve.labowskie@state.co.us	
Reed, Haddock.	(720) 880-6369	COGCC.inspections@caerusoilandgas.com	All Piceance inspections

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
406	WELL	SI	05/01/2017	DSPW	045-15495	SGU CP01B-27 M23 49	SI

**General Comment:**

UIC-5 yr MIT.

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:			
Corrective Action			Date:
Type	Main		
comment:			
Corrective Action			Date:

Overall Good:

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:

Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>		Date: _____

Overall Good:

<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:	<input style="width: 95%;" type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?			

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Wellhead inside housing		
Corrective Action:			Date:

<b>Equipment:</b>			corrective date
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:	Pump and filters		
Corrective Action:			Date:

<b>Tanks and Berms:</b>					
Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	3	200 BBLs	STEEL AST		39.681494,-108.143033
Comment:					
Corrective Action:					Date:
<b>Paint</b>					
Condition	Adequate				
Other (Content)					
Other (Capacity)					
Other (Type)					
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment:					
Corrective Action:					Date:
<b>Venting:</b>					
Yes/No	NO				
Comment:					
Corrective Action:					Date:
<b>Flaring:</b>					
Type					
Comment:					
Corrective Action:					Date:

**Inspected Facilities**

Facility ID: 406 Type: WELL API Number: 045-15495 Status: SI Insp. Status: SI

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>WSTCA</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>06/13/2012</u>
			AnnMTReq: _____

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

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

Method of Injection: \_\_\_\_\_

Test Type: 5 Year Tbg psi: 500 Csg psi: 1210 BH psi: 5

Insp. Status: Pass

Comment: UIC-5 yr MIT.  
Pressure well to 1210 psi. Hold for 15 min. Final pressure 1210 psi. -0 psi loss. OK  
Test witnessed by COGCC using gauge on truck.

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