

**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:

03/20/2018

Submitted Date:

03/20/2018

Document Number:

689300674

**FIELD INSPECTION FORM**

Loc ID 334640 Inspector Name: Holtz, Darin 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: 10456  
Name of Operator: CAERUS PICEANCE LLC  
Address: 1001 17TH STREET #1600  
City: DENVER State: CO Zip: 80202

**Findings:**

- 9 Number of Comments
- 4 Number of Corrective Actions
- Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
		dnr_COGCCengineering@state.co.us	<a href="#">Engineering</a>
Elsener, Garrett	(303)-565-4600	COGCC.inspections@caerusoilandgas.com	<a href="#">all Piceance inspections</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
273514	WELL	PR	05/12/2005	GW	045-10253	COUEY 23-1D (G23W)	PR
273515	WELL	PR	05/06/2005	GW	045-10254	COUEY 23-7 (G23W)	PR
273516	WELL	PR	05/03/2005	GW	045-10255	COUEY 23-2C (G23W)	PR
273517	WELL	PR	05/09/2005	GW	045-10256	COUEY 23-7C (G23W)	PR

**General Comment:**

[Routine General Field Inspection](#)

Location			
<b>Lease Road:</b>			
Type	Access		
comment:			
Corrective Action:			Date:
Overall Good: <input checked="" type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Type	BATTERY		
Comment:			
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:
<b>Emergency Contact Number:</b>			
Comment:	1-970-285-2615 1-970-301-1319		
Corrective Action:			Date:
<b>Good Housekeeping:</b>			
Type	TRASH		
Comment:			
Corrective Action:			Date:
Type	WEEDS		
Comment:			
Corrective Action:			Date:
Type	DEBRIS		
Comment:			
Corrective Action:			Date:
Overall Good: <input checked="" type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Equipment:</b>			
Type:	Vertical Heated Separator	# 4	corrective date
Comment:			
Corrective Action:			Date:

Type: Bird Protectors	# 1		
Comment:			
Corrective Action:			Date:
Type: Plunger Lift	# 4		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 5		
Comment:			
Corrective Action:			Date:
Type: Pig Station	# 1		
Comment:			
Corrective Action:			Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	400 BBLs	STEEL AST	84765	,
Comment:					
Corrective Action:					Date:

**Paint**

Condition	Adequate	
Other (Content)	Methanol Tank	
Other (Capacity)	1000 Gallon	
Other (Type)		

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

**Venting:**

Yes/No	NO	
Comment:		
Corrective Action:		Date:

**Flaring:**

Type	
Comment:	
Corrective Action:	Date:

**Inspected Facilities**

Facility ID: 273514 Type: WELL API Number: 045-10253 Status: PR Insp. Status: PR

**Producing Well**

Comment:	Producing Well. Review of monthly operations records indicate operator is delinquent in submitting monthly operations reports.	
Corrective Action:	Submit required Form 7(s) to COGCC.	Date: <u>04/20/2018</u>

Facility ID: 273515 Type: WELL API Number: 045-10254 Status: PR Insp. Status: PR

**Producing Well**

Comment:	Producing well. Review of monthly operations records indicate operator is delinquent in submitting monthly operations reports.	
Corrective Action:	Submit required Form 7(s) to COGCC.	Date: <u>04/20/2018</u>

Facility ID: 273516 Type: WELL API Number: 045-10255 Status: PR Insp. Status: PR

**Producing Well**

Comment:	Producing well. Review of monthly operations records indicate operator is delinquent in submitting monthly operations reports.	
Corrective Action:	Submit required Form 7(s) to COGCC.	Date: <u>04/20/2018</u>

Facility ID: 273517 Type: WELL API Number: 045-10256 Status: PR Insp. Status: PR

**Producing Well**

Comment:	Producing well. Review of monthly operations records indicate operator is delinquent in submitting monthly operations reports.	
Corrective Action:	Submit required Form 7(s) to COGCC.	Date: <u>04/20/2018</u>

**COGCC Comments**

Comment	User	Date
Routine General Field Inspection	holtzd	03/20/2018

**Attached Documents**

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

Document Num	Description	URL
401581146	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4409046">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4409046</a>
689300675	DocNum: 368300675.3/20/18	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4409041">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4409041</a>