

**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:

01/14/2019

Submitted Date:

01/15/2019

Document Number:

680404111

FIELD INSPECTION FORM
 Loc ID 334068 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num:
Operator Information:

OGCC Operator Number: 10456

Name of Operator: CAERUS PICEANCE LLC

Address: 120 N RAILROAD AVENUE #D

City: PARACHUTE State: CO Zip: 81635

Status Summary:

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

Findings:

11 Number of Comments

0 Number of Corrective Actions

☐ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
,		COGCC.inspections@caerus oilandgas.com	All Inspections
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Labowskie, Steve		steve.labowskie@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
279889	WELL	SI	09/01/2017	GW	077-08944	ORCHARD UNIT 17-3 (C17OU)	SI
291766	WELL	IJ	05/31/2007	DSPW	077-09372	ORCHARD FEDERAL DISPOSAL 2 (C17OU)	AC

General Comment:[Routine UIC inspection.](#)

Location**Lease Road:**

Type	Main		
comment:			
Corrective Action		Date:	
Type	Access		
comment:			
Corrective Action		Date:	

Overall Good: ☒**Signs/Marker:**

Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Good Housekeeping:

Type	TRASH		
Comment:	Trash bins		
Corrective Action:		Date:	

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Fencing/:**

Type	WELLHEAD		
Comment:	Wellhead inside housing		
Corrective Action:		Date:	

Equipment:

Type: Ancillary equipment	# 1		corrective date
Comment:	Generator		
Corrective Action:		Date:	
Type: Pig Station	# 1		
Comment:			

Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	Pump inside housing		
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	300 BBLs	STEEL AST		39.355855,-108.135516
Comment:	Same berms as produced water tanks				
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

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

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	7	500 BBLs	STEEL AST		39.355855,-108.135516
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
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 FacilitiesFacility ID: 279889 Type: WELL API Number: 077-08944 Status: SI Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: _____

Comment: Well shut in 9/2017.

Corrective Action: _____

Date: _____

Facility ID: 291766 Type: WELL API Number: 077-09372 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 770
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____

MPP _____

Inj Zone: WMFKTC: Pressure or inches of Hg 24

Previous Test Pressure _____

Last MIT: 03/30/2017Brhd: Pressure or inches of Hg 0

Previous Test Pressure _____

AnnMTReq: _____

Comment: Routine UIC inspection. Active injection at time of inspection.

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
Berms	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	Secondary containment
Gravel	Pass	Culverts	Pass			

Comment: 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
680404117	Inspection photos 1/14/2019	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4704881