

**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:

02/18/2020

Submitted Date:

02/19/2020

Document Number:

693801404

**FIELD INSPECTION FORM**

Loc ID 322401 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
Labowskie, Steve		steve.labowskie@state.co.us	
,		COGCC.inspections@caerusoilandgas.com	<a href="#">All Inspections</a>
Koehler, Bob		bob.koehler@state.co.us	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	<a href="#">Field Inspector</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
210414	WELL	SI	11/01/2019	DSPW	045-06170	LW FEDERAL DISPOSAL 1	SI

**General Comment:**

[Routine UIC inspection. No active injection at time of inspection.](#)

Location			
<b>Lease Road:</b>			
Type	Main		
comment:			
Corrective Action			Date:
Type	Access		
comment:			
Corrective Action			Date:
Overall Good: <input checked="" type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	<input type="text" value="970-285-2600"/>		
Corrective Action:	<input type="text"/>		Date: _____
<b>Good Housekeeping:</b>			
Type	TRASH		
Comment:	Enclosed trash bins		
Corrective Action:			Date:
Overall Good: <input checked="" type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:	<input type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Fencing/:</b>			
Type	LOCATION		
Comment:	Chain link fence with keypad entry		
Corrective Action:			Date:
Type	WELLHEAD		
Comment:	Cement barricades		
Corrective Action:			Date:
<b>Equipment:</b>			
Type: Ancillary equipment	# 1		corrective date
Comment:	Generator		

Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	2 place off-loading station		
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	8	500 BBLs	Open Top		39.389577,-108.254080
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 Facilities**

Facility ID: 210414 Type: WELL API Number: 045-06170 Status: SI Insp. Status: SI

**Underground Injection Control**

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

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>29</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>30</u>	Previous Test Pressure _____	Inj Zone: <u>WMFK</u>
Brhd:	Pressure or inches of Hg <u>13</u>	Previous Test Pressure _____	Last MIT: <u>11/14/2017</u>
			AnnMTReq: _____

Comment: Routine UIC inspection. No 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
Gravel	Pass	Ditches	Pass			
Berms	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	Secondary containment of chemicals

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
693801410	Inspection photos 2/18/2020	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5071716">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5071716</a>