

**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:

03/03/2020

Submitted Date:

03/04/2020

Document Number:

693801452**FIELD INSPECTION FORM**Loc ID 435806 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10456Name of Operator: CAERUS PICEANCE LLCAddress: 1001 17TH STREET #1600City: DENVER State: CO Zip: 80202**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**8 Number of Comments1 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	
Pesicka, Conor		conor.pesicka@state.co.us	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
,		COGCC.inspections@caerus oilandgas.com	All Inspections
,		dnr_cogccengineering@state. co.us	
Koehler, Bob		bob.koehler@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
435887	WELL	SI	02/01/2018	DSPW	045-22315	NOLTE SWD 1-14	SI

General Comment:Routine UIC inspection. Injection well inspection only.
MIT required to maintain SI status.

Location**Lease Road:**

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

Overall Good: ☒**Signs/Marker:**

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

Emergency Contact Number:

Comment: 866-580-9382 or 911

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: Prime Mover	# 1		corrective date
Comment:	Pump inside housing		
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:			
Corrective Action:		Date:	

Type: Emission Control Device	# 1	
Comment:		
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	4	500 BBLS	STEEL AST		39.431924,-108.069560
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:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	8	400 BBLS	STEEL AST		39.431974,-108.069676
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)	Produce water and Condensate	
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:	
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Inspected FacilitiesFacility ID: 435887 Type: WELL API Number: 045-22315 Status: SI Insp. Status: SI**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: CZ-CR

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 08/12/2016

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC inspection. Injection well inspection only.
Well shut in 2/2018.
Operator has NOT performed a mechanical integrity test within the two years required for shut-in wells per Rule 326 b. (1)

Corrective Action: Perform MIT per Rule 326 a. (1). Date: 03/18/2020

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	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
693801460	Inspection photos 3/3/2020	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5085669