

**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:

06/24/2020

Submitted Date:

06/25/2020

Document Number:

693802243**FIELD INSPECTION FORM**Loc ID: 335799 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:

9 Number of Comments

1 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
Koehler, Bob		bob.koehler@state.co.us	
Labowskie, Steve		steve.labowskie@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
274603	WELL	TA	07/01/2016	DSPW	045-13367	N.PARACHUTE WF09D M14 596	TA
274825	WELL	IJ	11/19/2010	DSPW	045-13404	N.PARACHUTE WF10D M14 596	TA

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

Location				
Lease Road:				
Type	Main			
comment:				
Corrective Action	L		Date:	
Type	Access			
comment:				
Corrective Action	L		Date:	
Overall Good: <input checked="" type="checkbox"/>				
Signs/Marker:				
Type	WELLHEAD			
Comment:	Missing sign on API# 05-045-13404 N.PARACHUTE #WF10D M14 596 wellhead.			
Corrective Action:	Install sign to comply with Rule 210.b.			Date: 07/30/2020
Emergency Contact Number:				
Comment:	970-285-2615 or 970-301-1319			
Corrective Action:				Date: _____
Overall Good: <input checked="" type="checkbox"/>				
Spills:				
Type	Area	Volume		
In Containment: No				
Comment:				
<input type="checkbox"/> Multiple Spills and Releases?				
Fencing/:				
Type	WELLHEAD			
Comment:	Cement barricades			
Corrective Action:				Date:
Equipment:				
Type: Bradenhead	# 4			corrective date
Comment:				
Corrective Action:				Date:
Type: Prime Mover	# 1			
Comment:	Pump inside housing			
Corrective Action:				Date:
Type: Bird Protectors	# 1			
Comment:				
Corrective Action:				Date:
Type: Horizontal Heated Separator	# 1			
Comment:				
Corrective Action:				Date:

Type: Deadman # & Marked	# 4	
Comment:		
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	4	400 BBLs	STEEL AST		39.610357,-108.144189
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: 274603 Type: WELL API Number: 045-13367 Status: TA Insp. Status: TA

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: WSTC

TC: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ Last MIT: 04/04/2017

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

Comment: Routine UIC Inspection. Well temporarily abandoned.

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Facility ID: 274825 Type: WELL API Number: 045-13404 Status: IJ Insp. Status: TA

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: WMFK

TC: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ Last MIT: 09/02/2015

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

Comment: Routine UIC Inspection. Well temporarily abandoned.

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			
Gravel	Pass	Ditches	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
402431652	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5184214
693802251	Inspection photos 6/24/2020	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5184206