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: 10/29/2020 Submitted Date:

Document Number: 700701792

10/29/2020

FIELD INSPECTION FORM

| | | | | | | l | | | |
|--|--|--|---|-------------------------------------|--------------------------------|--|--------------|----------------|--|
| Loc ID Inspector Name: On-Site Inspection | | | | <u>Sta</u> | Status Summary: | | | | |
| 334661 | | | | | THIS IS A FOLLOW UP INSPECTION | | | | |
| Operator Information: | | | | | × | FOLLOW UP INSPECTION REQUIRED | | | |
| | rator Number: | 10456 | | | | NO FOLLOW UP INSPECTION REQUIRED | | | |
| Name of Op | erator: CAERUS F | PICEANCE | E LLC | | <u>Fin</u> | dings: | | | |
| | | | | | | 8 Number of Comments | | | |
| Address: 10 | 001 17TH STREE | 1 #1600 | | | | 1 Number of Corrective Actions | | | |
| City: | DENVER | State: | CO | Zip: 802 | 02 X | Corrective Action Response F | Requested | | |
| | | | | | | ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE | | | |
| Contact Info | ormation: | | | | • | | | | |
| Contact Na | ime | Phor | ne | Email | | Comment | | | |
| , Caerus | | | COGCC.inspections@ca | | | | | | |
| Inspected F | acilities: | | | • | | | | | |
| Facility ID | Туре | Status | Status Date | Well Class API Num | | Facility Name | | Insp Status | |
| 264018 | WELL | PR | 08/12/2003 | GW | 045-08147 | GMR 34-12 (N34) | | PR | |
| 264019 | WELL | SI | 05/01/2020 | GW 045-08172 | | GMR 34-12A (N34) | | SI | |
| 264022 | WELL | PR | 06/18/2002 | GW | 045-08145 | GMR 34-11A1 (N34) | | PR | |
| On Thursda 334661 in 0 While there inspection of During this • Lack of tra • Sediment Refer to ph | spection Report S ay 10/29/20 at app Garfield county Co e, I observed norm due to snow cover inspection the foll acking controls migration west sic totograph of obser | proximately lorado. al product owing pos de next to ved compl ction will b | ion operations. sible compliant tank battery liance issue. e conducted to | All meters have loce issues were ob | been calibrated opserved: | routine inspection at Caeru on location within the past y ve been corrected to comp | year. Limite | ed storm water | |
| | | | | | | | | | |

| <u>Location</u> | | | | | | | |
|---|---------------------|------------------|---------------------------|-------|---|--|--|
| Lease Road: | | | | | | | |
| Туре | Access | | | | | | |
| comment: | | | | | | | |
| Corrective ActionL | | | | Date: | | | |
| Overall Good: 🔀 | | | | | | | |
| Signs/Marker: | | | | | | | |
| Туре | WELLHEAD | | | | | | |
| Comment: | | | | | | | |
| Corrective Action: | | | | Date | : | | |
| Туре | TANK LABELS/PLACARI | DS . | | | | | |
| Comment: | | | | | | | |
| Corrective Action: | | | | Date | : | | |
| Туре | BATTERY | | | | | | |
| Comment: | | | | | | | |
| Corrective Action: | | | | Date | : | | |
| Emergency Contact N | Number: | | | - | | | |
| Comment: | 911 | | | | | | |
| Corrective Action: | | | | Date: | | | |
| Good Housekeeping | | | | | | | |
| Туре | DEBRIS | | | | | | |
| Comment: | | | | | | | |
| Corrective Action: | | | Date | : | | | |
| Overall Good: X | | | | | | | |
| Spills: | | | | | | | |
| Туре | Area | Volume | | | | | |
| In Containment: N | lo. | | | | | | |
| Comment: | <u> </u> | | | | | | |
| _ | and Releases? | | | | | | |
| Multilple Spills and Releases? | | | | | | | |
| Equipment: | | | corrective date | | | | |
| Type: Gas Meter Run # 6 | | | | | | | |
| Comment: All meters have been calibrate | | ibrated on locat | ion within the past year. | | | | |
| Corrective Action: | | | | Date: | | | |
| Type: Bird Protectors # 2 | | | | | | | |
| Comment: | | | | | | | |
| Corrective Action: | | | Date: | | | | |
| Type: Vertical Heated | | 4 | | | | | |
| Comment | | | | | | | |
| Corrective Action: | | | | Date: | | | |

Inspector Name: Ramsey, Scott Type: Plunger Lift # 5 Comment: Corrective Action: Date: Type: Horizontal Heated Separator # 1 Comment: Corrective Action: Date: Tanks and Berms: Contents Capacity Tank ID SE GPS Type **METHANOL** 1000 GAL STEEL AST Comment: shared containment with condensate tanks Corrective Action: Date: Paint Condition Adequate Other (Content) Other (Capacity) Other (Type) <u>Berms</u> Permeability (Wall) Permeability (Base) Capacity Maintenance Type Comment: Corrective Action: Date: Contents SE GPS Capacity Type Tank ID CONDENSATE 2 300 BBLS STEEL AST Comment: Corrective Action: Date: **Paint** Condition Adequate Other (Content) Other (Capacity) Other (Type) <u>Berms</u> Type Capacity Permeability (Wall) Permeability (Base) Maintenance Metal Adequate Walls Sufficent Base Sufficient Adequate Comment: Corrective Action: Date: Venting: Yes/No NO Comment: Corrective Action: Date:

| Inspector Name: Ran | nsey, Scott | | |
|---------------------|-------------|-------|--|
| Туре | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| • | o. rtainoo | ,, | | Inspected | d Facilities | | | | |
|--------------|-------------|---------------|---------------|---------------|--------------|-----------|----|---------------|----|
| Facility ID: | 264018 | Type: | WELL | API Number: | 045-08147 | Status: | PR | Insp. Status: | PR |
| | | | | Produc | ing Well | | | | |
| | omment: pro | oducing | | | | | | | |
| Corrective | e Action: | | | | | | | Date: | |
| Facility ID: | 264019 | Type: | WELL | API Number: | 045-08172 | Status: | SI | Insp. Status: | SI |
| | 201010 | | | - | | | | | |
| | | . – | l | <u>Idle \</u> | | | | | |
| | e: 👿 Shut | | Temporarily A | Abandoned | Reminder: | | | | — |
| Correctiv | | st produced 4 | 4/1/20 | | | | | Date: | |
| | | _ | | | | | | | |
| Facility ID: | 264022 | Type: _ | WELL | API Number: | 045-08145 | Status: _ | PR | Insp. Status: | PR |
| C | omment: pro | oducina | | Produc | ing Well | | | | |
| Corrective | | | | | | | | 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 |
| | | Culverts | | | | |
| | | Ditches | | | | |
| Comment: Lack of tracking controls and Sediment migration west side next to tank battery | | | | | | |
| Corrective Action: | repair all BMP | Date: 11/19/2020 | | | | |
| Pits: X 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 |
| 402522155 | INSPECTION SUBMITTED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5280630 |
| 700701796 | Phot log | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5280616 |

Date Run: 11/5/2020 Doc [#700701792]