

**FORM
INSP**Rev
X/20**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:

07/23/2021

Submitted Date:

07/23/2021

Document Number:

697004132**FIELD INSPECTION FORM**Loc ID 332604 Inspector Name: Peterson, Tom On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 69175Name of Operator: PDC ENERGY INCAddress: 1775 SHERMAN STREET - STE 3000City: DENVER State: CO Zip: 80203**Status Summary:**

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

Findings:7 Number of Comments0 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
,		cogccinspection@pdce.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
242843	WELL	PR	02/03/2020	OW	123-10634	GREAT WESTERN SUGAR 2	PA
299888	WELL	PR	04/01/2021	OW	123-29569	GOLD 9A-DU	SI
300161	WELL	SI	09/01/2020	OW	123-29637	GOLD 11-9DU	PA

General Comment:

LocationOverall Good: ☒

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

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	TANK BATTERY		
Comment:	Chain link		
Corrective Action:		Date:	
Type	SEPARATOR		
Comment:	Chain link		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Panel		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Prime Mover	# 1		
Comment:	Natural gas engine on compressor		
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 2		

Comment:		Automation array and ECD scrubber		Date:	
Corrective Action:				Date:	
Type: Bird Protectors	# 3				
Comment:				Date:	
Corrective Action:				Date:	
Type: Pig Station	# 1				
Comment:				Date:	
Corrective Action:				Date:	
Type: Emission Control Device	# 2				
Comment:				Date:	
Corrective Action:				Date:	
Type: Bradenhead	# 1				
Comment:		Bradenhead valve is exposed at surface.		Date:	
Corrective Action:				Date:	
Type: Gas Meter Run	# 2				
Comment:		Calibration card is current.		Date:	
Corrective Action:				Date:	
Type: Compressor	# 1				
Comment:				Date:	
Corrective Action:				Date:	
Type: Plunger Lift	# 1				
Comment:				Date:	
Corrective Action:				Date:	
Type: Flow Line	# 1				
Comment:				Date:	
Corrective Action:				Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	100 BBLs	PBV FIBERGLASS		
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	
CRUDE OIL	2	300 BBLs	STEEL AST		,	
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: 242843 Type: WELL API Number: 123-10634 Status: PR Insp. Status: PAFacility ID: 299888 Type: WELL API Number: 123-29569 Status: PR Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____Comment: Corrective Action: Date: _____**BradenHead**Date of Last Brhd Test: 03/13/2020 Annual Brhd Completed? NoLast Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: _____End Surf Csg Pressure: 0Comment: Corrective Action: Date: _____Facility ID: 300161 Type: WELL API Number: 123-29637 Status: SI Insp. Status: PA

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			

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
697004133	Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5487643