

FORM  
INSPRev  
X/20State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

09/10/2021

Submitted Date:

09/15/2021

Document Number:

689806354

## FIELD INSPECTION FORM

 Loc ID 313417 Inspector Name: Waldron, Emily On-Site Inspection  2A Doc Num: \_\_\_\_\_
**Status Summary:**

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

**Operator Information:**

OGCC Operator Number: 10407

Name of Operator: ANTLER ENERGY LLC

Address: PO BOX 104

City: BAGGS State: WY Zip: 82321

**Findings:**

6 Number of Comments

3 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 |
|--------------|-------|----------------------------------|---------|
|              |       | dnr_cogccengineering@state.co.us |         |
| Evans, Clay  |       | antlerenergy@yahoo.com           |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name         | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------|
| 300984      | WELL | PR     | 09/01/2018  | GW         | 081-07461 | CHEROKEE RIDGE 14-34R | PR          |

**General Comment:**

Routine FIU inspection. Compliance issues observed:  
 no bradenhead access apparent  
 annual weeds on location  
 accuracy in production reporting

**Location**

Overall Good:

**Signs/Marker:**

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

**Emergency Contact Number:**

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Good Housekeeping:**

|                    |                           |       |            |
|--------------------|---------------------------|-------|------------|
| Type               | WEEDS                     |       |            |
| Comment:           | Annual weeds on location. |       |            |
| Corrective Action: | Comply with Rule 606.     | Date: | 09/22/2021 |

Overall Good:

**Spills:**

| Type | Area | Volume |  |  |
|------|------|--------|--|--|
|      |      |        |  |  |

In Containment: No

Comment:

Multiple Spills and Releases?

**Equipment:**

| Type                        |     |       | corrective date |
|-----------------------------|-----|-------|-----------------|
| Horizontal Heated Separator | # 1 |       |                 |
| Comment:                    |     |       |                 |
| Corrective Action:          |     | Date: |                 |
| Dehydrator                  | # 1 |       |                 |
| Comment:                    |     |       |                 |
| Corrective Action:          |     | Date: |                 |
| Bird Protectors             | #   |       |                 |
| Comment:                    |     |       |                 |
| Corrective Action:          |     | Date: |                 |
| Horizontal Heater Treater   | # 1 |       |                 |
| Comment:                    |     |       |                 |
| Corrective Action:          |     | Date: |                 |
| Bradenhead                  | #   |       |                 |

|                    |  |     |       |            |
|--------------------|--|-----|-------|------------|
| Comment:           | Bradenhead inaccessible or not visible.  |     |       |            |
| Corrective Action: | Install appropriate fittings to allow bradenhead visual inspection as per Rule 419.a.(1), (2). |     | Date: | 09/27/2021 |
| Type:              | Horizontal Separator   | # 1 |       |            |
| Comment:           |  |     |       |            |
| Corrective Action: |  |     | Date: |            |

**Tanks and Berms:**

| Contents           | # | Capacity | Type      | Tank ID | SE GPS |
|--------------------|---|----------|-----------|---------|--------|
| PRODUCED WATER     | 2 | 400 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 |                     |                     | Adequate    |
| Comment:           |          |                     |                     |             |
| Corrective Action: |          |                     |                     | Date:       |

**Venting:**

|                    |  |       |
|--------------------|--|-------|
| Yes/No             |  |       |
| Comment:           |  |       |
| Corrective Action: |  | Date: |

**Flaring:**

|                    |       |
|--------------------|-------|
| Type               |       |
| Comment:           |       |
| Corrective Action: | Date: |

**Inspected Facilities**

Facility ID: 300984 Type: WELL API Number: 081-07461 Status: PR Insp. Status: PR

**Producing Well**

Comment: Produced volumes are required to be reported accurately from the wellhead meter every month, and the form 7 reporting does not reflect that accurate measurement.

Corrective Action: Submit required Form 7(s) to COGCC per rule 413.

Date: 10/15/2021

**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            |                 |                         |                       |               |                          |         |
| Gravel           |                 |                         |                       |               |                          |         |
| Compaction       |                 |                         |                       |               |                          |         |

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   |
|--------------|----------------------|---|
| 402813284    | INSPECTION SUBMITTED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5532564">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5532564</a> |
| 689806355    | Inspection Photos    | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5532559">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5532559</a> |