

**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:

03/11/2022

Submitted Date:

03/13/2022

Document Number:

693804160

**FIELD INSPECTION FORM**

Loc ID 322401 Inspector Name: BROWNING, CHUCK 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: 10456  
Name of Operator: CAERUS PICEANCE LLC  
Address: 1001 17TH STREET #1600  
City: DENVER State: CO Zip: 80202

**Findings:**

12 Number of Comments  
0 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@caerusoilandgas.com | <a href="#">All Inspections</a> |
| Morgan, John     |              | john.morgan@state.co.us               |                                 |
| Labowskie, Steve |              | steve.labowskie@state.co.us           |                                 |
| Browning, Chuck  | 970-433-4139 | chuck.browning@state.co.us            | <a href="#">Field Inspector</a> |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name         | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------|
| 210414      | WELL | SI     | 12/01/2021  | DSPW       | 045-06170 | LW FEDERAL DISPOSAL 1 | SI          |

**General Comment:**

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

**Location**

|                    |        |  |       |
|--------------------|--------|--|-------|
| <b>Lease Road:</b> |        |  |       |
| Type               | Access |  |       |
| comment:           |        |  |       |
| Corrective Action  |        |  | Date: |
| Type               | Main   |  |       |
| comment:           |        |  |       |
| Corrective Action  |        |  | Date: |

Overall Good:

|                      |                      |  |       |
|----------------------|----------------------|--|-------|
| <b>Signs/Marker:</b> |                      |  |       |
| 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: \_\_\_\_\_

|                           |                     |  |       |
|---------------------------|---------------------|--|-------|
| <b>Good Housekeeping:</b> |                     |  |       |
| Type                      | TRASH               |  |       |
| Comment:                  | Enclosed trash bins |  |       |
| Corrective Action:        |                     |  | Date: |

Overall Good:

|  |                      |        |  |
|--|----------------------|--------|--|
| <b>Spills:</b>   |                      |        |  |
| Type   | Area                 | Volume |  |
| In Containment:  | No                   |        |  |
| Comment:   | <input type="text"/> |        |  |
| <input type="checkbox"/> Multiple Spills and Releases? |                      |        |  |

|                    |                                    |  |       |
|--------------------|------------------------------------|--|-------|
| <b>Fencing/:</b>   |                                    |  |       |
| Type               | WELLHEAD                           |  |       |
| Comment:           | Cement barricades                  |  |       |
| Corrective Action: |                                    |  | Date: |
| Type               | LOCATION                           |  |       |
| Comment:           | Chain link fence with keypad entry |  |       |
| Corrective Action: |                                    |  | Date: |

|                           |                             |       |                 |
|---------------------------|-----------------------------|-------|-----------------|
| <b>Equipment:</b>         |                             |       | corrective date |
| Type: Ancillary equipment | # 1                         |       |                 |
| Comment:                  | Generator                   |       |                 |
| Corrective Action:        |                             | Date: |                 |
| Type: Bradenhead          | # 1                         |       |                 |
| Comment:                  |                             |       |                 |
| Corrective Action:        |                             | Date: |                 |
| Type: Ancillary equipment | # 1                         |       |                 |
| Comment:                  | 2 place off-loading station |       |                 |
| Corrective Action:        |                             | Date: |                 |
| Type: Prime Mover         | # 1                         |       |                 |
| Comment:                  | Pump inside housing         |       |                 |
| Corrective Action:        |                             | Date: |                 |

**Tanks and Berms:**

| Contents           | # | Capacity | Type      | Tank ID | SE GPS                |
|--------------------|---|----------|-----------|---------|-----------------------|
| PRODUCED WATER     | 8 | 500 BBLs | STEEL AST |         | 39.389577,-108.254080 |
| 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: 210414 Type: WELL API Number: 045-06170 Status: SI Insp. Status: SI

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg 82 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: WMFK  
TC: Pressure or inches of Hg 26 Previous Test Pressure \_\_\_\_\_ Last MIT: 11/14/2017  
Brhd: Pressure or inches of Hg 35 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Routine UIC Inspection. Well shut in. No active injection at time of inspection.

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                  | 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   |
|--------------|-----------------------------|---|
| 693804164    | Inspection photos 3/11/2022 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5692087">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5692087</a> |