

	REV:	1	PAGE:	Page 1 of 2	ORIGINAL ISSUE DATE:	3/1/2021	REVISION DATE:	
		PREPARED BY:	Ivan Steinke	REVIEWED BY:	Danny Knutson	APPROVED BY:	Ty Entenmann	
TITLE:	OPERATIONS SAFETY MANAGEMENT PROGRAM							

1. Purpose

- a. To establish and maintain production operations and facilities to function in a manner that will prevent potential environmental, health and safety impacts to employees, and the public.

2. Scope

- a. The Operations Safety Management Program (program) will cover all equipment and processes from the wellhead to point of transfer of custody for each product of the wellbore (facility). The program will be initiated and approved prior to the time of commissioning, startup, or major modification of a facility.

3. Program Components

a. Pre-Startup Safety Review (PSSR)

- i. PSSR will be initiated and approved prior to commissioning a new facility, a major modification to the system, and/or at the discretion of a Manager.
 1. The PSSR will only be approved by the Production and Facilities Manager or a designee.
 2. Both Pre-Startup requirements and Post-Startup requirements must be completed or an action item with a responsible individual assigned and timeline for completion.
- ii. The PSSR will include program review from designees from:
 1. Environmental, Health and Safety
 2. Engineering and Mechanical
 3. Electrical
 4. Instrumentation and Automation Programming
 5. Operations

b. Management of Change (MOC)

- i. The MOC process ensure that the environmental, health and safety risks are evaluated and controlled prior to implementing significant change to the production process. The change can be the result of technology, equipment, facility process and operational procedures.
- ii. The MOC process will be initiated by the requestor of the work, facility foreman or higher authority.
- iii. The MOC form will include the review of the following items.
 1. Description of Proposed Change,
 2. A review of the environmental, health and safety impacts if changes are or are not implemented
 3. The changes to the facility are permanent or temporary, temporary changes will include an estimated time frame of implementation.
 4. The MOC will only be approved by the Production and Facilities Manager or a designee.

	REV:	1	PAGE:	Page 2 of 2	ORIGINAL ISSUE DATE:	3/1/2021	REVISION DATE:		
	PREPARED BY:		Ivan Steinke		REVIEWED BY:		Danny Knutson		APPROVED BY:
TITLE:	OPERATIONS SAFETY MANAGEMENT PROGRAM								

4. Program Document Management

- a. The documentation of both the PSSR and MOC process are a result of initial commissioning or modifications to the original design. Documentation of this program is an activity base result. Once the document is closed, there is no reoccurring review of the documents.
- b. Program Documentation Storage
 - i. Original hard copy is scanned and placed in the project file and will be stored for 5 years in the Field office.
 - ii. Electronic documents will be stored electronically for the life of the facility on Crestone's server.
- c. On request, an Crestone' representative can produce a copy of the records 5 business days following a formal request

	REV:	1	PAGE:	Page 3 of 2	ORIGINAL ISSUE DATE:	3/1/2021	REVISION DATE:		
	PREPARED BY:		Ivan Steinke		REVIEWED BY:		Danny Knutson		APPROVED BY:
TITLE:	OPERATIONS SAFETY MANAGEMENT PROGRAM								

CIVITAS RESOURCES PRODUCTION PRE-STARTUP SAFETY REVIEW CHECKLIST	
Owner:	Civitas Operations / EHS Date last revised: 12/07/2021

Facility Name: _____ Wells Included: _____

Project Description: _____ MOC #: _____

Start-up Authorization: _____ Date: _____

(Superintendent or Delegate signature required for start-up to proceed.)

No.	<ul style="list-style-type: none"> Red = Required to be completed for start-up. Yellow = Required to be completed prior to release of full time flowback supervision or 24 hr. operator. Green = Require complete within 30 days of start-up. 	Initial YES	Initial NO	N/A	If No, Action Item #
ENGINEERING					
1	Have the appropriate engineering & design codes/standards including Civi's SARP's and best practices, COGCC & CDPHE rules & regulations, state, county & local stipulations for permitting been incorporated in the design?				
2	Has a P&ID walk-through been completed to ensure the work was completed as engineered?				
3	Has the engineered equipment procured been fabricated to Purchase Order specifications?				
4	Have all appropriate P&IDs been red lined with any changes from what was defined in the initial MOC?				
5	Has all new inventory been tagged and/or material transfers been completed?				
6	Have all other teams (if necessary) been notified of project status? (IT, prod accounting, regulatory, community relations, other engineering departments, etc.)				
OPERATIONS					
1	Have applicable or special SOP's specific to this facility been developed and training provided to the appropriate personnel?				
2	Have all route owners/supervisors been made aware of the change and status of the project/facility construction? (Email, handover notes, etc.)				
3	Has project been constructed in line with operations best practices? (Appropriate blowdowns, ergonomics, access/egress, etc.)				
4	Is construction complete and the project/facility acceptable for handoff to the Production Operations team?				

	REV:	PAGE:	ORIGINAL ISSUE DATE:	REVISION DATE:
	1	Page 4 of 2	3/1/2021	
PREPARED BY:		REVIEWED BY:		APPROVED BY:
Ivan Steinke		Danny Knutson		Ty Entenmann
TITLE:	OPERATIONS SAFETY MANAGEMENT PROGRAM			

No.	<ul style="list-style-type: none"> Red = Required to be completed for start-up. Yellow = Required to be completed prior to release of full time flowback supervision or 24 hr. operator. Green = Require complete within 30 days of start-up. 	Initial YES	Initial NO	N/A	If No, Action Item #
AIR / ENVIRONMENTAL					
1	Have all necessary air permits and required documentation been completed?				
2	Have any applicable STEM models and documents been modified and approved?				
3	Is all necessary containment in place and does it meet volumetric requirements?				
4	Have all lines been walked down with FLIR camera (or other gas detection device) to ensure there are no gas leaks?				
SAFETY					
1	Are adequate safety warning and caution signs in place (H ₂ S, warning signs, NFPA Placards, etc.), per the sign standard?				
2	Are appropriate walking and working surfaces, stairs and crossovers in place?				
3	Have all confined spaces been evaluated, labeled and added if needed?				
4	Have all other OSHA requirements and/or regulatory requirements, in regards to EH&S, been met?				
CONSTRUCTION / MAINTENANCE					
1	Has this facility been constructed per engineering design, site plan, and P&ID's provided by Engineering?				
2	Has Crestone received copies of appropriate inspection & registration documentation for pressure rated vessels . And do the MAWP and U-1A plates match each other and pressures specified in purchase order?				
3	Have all appropriate (Hydro, N2) integrity pressure tests been performed on equipment?				
4	Have all flanges have been checked for proper gasket installation and bolt torque?				
5	Have all new connections requiring welding been properly inspected?				
6	Has all above ground piping and equipment been guarded from vehicular traffic as necessary?				
7	Is equipment and line labeling in place?				
8	Has the facility been cleared of construction equipment, surplus equipment, tools, unused parts, and empty drums that could impede or affect start-up?				
9	Has temporary or permanent fencing been installed around all above ground equipment?				

	REV:	PAGE:	ORIGINAL ISSUE DATE:	REVISION DATE:
	1	Page 5 of 2	3/1/2021	
PREPARED BY:		REVIEWED BY:		APPROVED BY:
Ivan Steinke		Danny Knutson		Ty Entenmann
TITLE:	OPERATIONS SAFETY MANAGEMENT PROGRAM			

No.	<ul style="list-style-type: none"> Red = Required to be completed for start-up. Yellow = Required to be completed prior to release of full time flowback supervision or 24 hr. operator. Green = Require complete within 30 days of start-up. 	Initial YES	Initial NO	N/A	If No, Action Item #
-----	---	-------------	------------	-----	----------------------

AUTOMATION - MEASUREMENT

1	Have all ESD's, control valves, pressure, level, and temperature devices been tested and calibrated?				
2	Have all loop checks and instrument calibrations have been completed?				
3	Are Cygnet and data communications links established and is facility set up in DJ Cygnet Network?				
4	Has the EFM check meter been calibrated and all applicable correction factors pre-loaded into the EFM?				

AUTOMATION - ELECTRICAL

1	Has the incoming voltage been verified, conductor size <u>verified</u> and high pot testing been completed?				
2	If applicable, has the generator been sized and installed as specified in engineered drawings?				
3	Is electrical equipment properly labeled?				
4	Have all Construction, Electrical, Building, Etc. permits & inspections (where required) been followed, updated, and approved as necessary?				
5	Has the design incorporated the minimum required standards, best practices and code requirements, including grounding/bonding and area classification, where applicable?				

ACKNOWLEDGEMENT

The undersigned certify the equipment included in this process has been constructed as designed, undergone a complete pre-startup safety review and checkout, and is now ready to start up.

Responsibility	Printed Name	Signature	Date
Engineering			
Operations			
Air & Environmental			
Safety			
Construction - Maintenance			
Automation - Electrical			
Automation - Measurement			

NOTE: Once location walk-down is complete, sign-up authorization has been obtained, turnover form completed, the location may be turned over to the production team for commissioning or return to production.

	REV:	1	PAGE:	Page 6 of 2	ORIGINAL ISSUE DATE:	3/1/2021	REVISION DATE:		
	PREPARED BY:		Ivan Steinke		REVIEWED BY:		Danny Knutson		APPROVED BY:
TITLE:	OPERATIONS SAFETY MANAGEMENT PROGRAM								

ACTION PLAN / COMMENTS

(Priority Code Legend: 1 –Required for Start-up 2 - Urgent 3 - Routine)

Note: Forms should be returned to safety/document control and action items that are not closed within 30 days need to be tracked in Velocity EH&S.

#	ITEM	Priority	Person Assigned To Task	Target Date	Date Completed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Civitas North, LLC MOC REQUEST FORM

This Section to be filled out by the person requesting the change

Who is requesting the change: _____ Date of request: _____
Month/Day/Year

What is the location of the proposed change? _____

MOC Action Type: Replace Remove Alter Add VCS Design

Will this be charged to: AFE & Cost Code LOE

Is this a BLM regulated well/facility?

Reason why change is needed
(Add scope details in tasks below):

Estimated cost of change: _____
Order of magnitude cost

Will the change require an outage that will result in a loss in production? If YES, what is the estimated outage time? _____ If YES, what is the estimated total BOE lost? _____

MOC Task Details

Task 1 Details

Required completion date: _____ Actual Completion Date: _____
Month/Day/Year *Month/Day/Year*

Task 2 Details

Required completion date: _____ Actual Completion Date: _____
Month/Day/Year *Month/Day/Year*

Task 3 Details

Required completion date:

Month/Day/Year

Actual Completion Date:

Month/Day/Year

Scope of Work - By Group

Engineering Scope of Work:

Mechanical Construction
Scope of Work:

Automation Construction
Scope of Work:

Equipment Information

Equipment description:

Manufacturer:

Model Number:

Serial Number:

Civitas North, LLC MOC EXECUTION APPROVALS

This section to be filled out by the MOC Committee prior to execution

Upstream Operations

Comments:

Signature of CIVI Rep: _____

_____ *Date*

RMI/Compressor Operations

Comments:

Signature of Compression/Midstream Rep: _____

_____ *Date*

Safety

Comments:

Signature of Safety Rep: _____

_____ *Date*

Environmental

Comments: **Surface -**
Reg. -
Compliance -
Air Permitting -
Air VCS Design -
Field Compliance Team -

Signature of Env. Rep: _____ *Date* _____

Air

Comments:

Signature of COC Rep: _____ *Date* _____

Construction

Comments:

Signature of Const. Rep: _____ *Date* _____

Engineering

Comments:

Signature of Eng. Rep: _____ *Date* _____

Automation

Comments:

Signature of Auto. Rep:

_____ *Date*

Measurement

Comments:

Signature of Meas. Rep:

_____ *Date*
