

**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:

04/03/2024

Submitted Date:

04/03/2024

Document Number:

702403292**FIELD INSPECTION FORM**Loc ID 318815 Inspector Name: Revas, Robbie On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10633Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLCAddress: 555 17TH STREET SUITE 3700City: DENVER State: CO Zip: 80202**Status Summary:**

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

Findings:17 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
,		Inspections@civiresources.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
242211	WELL	SI	10/01/2022	GW	123-10002	DARLENNE 1	SI
476980	TANK BATTERY	AC	07/14/2020		-	Darlenne 1-34 battery	AC

General Comment:[This is a wellsite & tank battery inspection.](#)

LocationOverall Good: ☒

Signs/Marker:			
Type	BATTERY		
Comment:	adequate		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	adequate		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	adequate		
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:	Chainlink topped with barb wire		
Corrective Action:		Date:	
Type	IGNITOR/COMBUSTOR		
Comment:	Chainlink topped with barb wire		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Chainlink topped with barb wire		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Bird Protectors	# 2		
Comment:			
Corrective Action:		Date:	
Type: Emission Control Device	# 1		
Comment:			
Corrective Action:		Date:	
Type: Plunger Lift	# 1		

Comment:			Date:	
Corrective Action:			Date:	
Type: Bradenhead	# 1			
Comment: SI LOTO			Date:	
Corrective Action:			Date:	
Type: Gas Meter Run	# 1			
Comment: SI, LOTO			Date:	
Corrective Action:			Date:	
Type: Horizontal Heated Separator	# 1			
Comment: SI			Date:	
Corrective Action:			Date:	
Type: Ancillary equipment	# 5			
Comment: automation			Date:	
Corrective Action:			Date:	
Type: Pig Station	# 1			
Comment: SI LOTO			Date:	
Corrective Action:			Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	1	400 BBLS	STEEL AST		40.091730,-104.758980
Comment:					
Corrective Action:			Date:		

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				
Corrective Action:			Date:	

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	OTHER	FIBERGLASS AST		,
Comment:					
Corrective Action:			Date:		

Paint

Condition		
Other (Content)		
Other (Capacity)	150 bbl	

Other (Type)					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Comment: Shares containment with crude tank					
Corrective Action:				Date:	
<u>Wells Served By Facilities Above</u>					
API Number		AirsID			
123-10002					
<u>Venting:</u>					
Yes/No	NO				
Comment:					
Corrective Action:				Date:	
<u>Flaring:</u>					
Type					
Comment:					
Corrective Action:				Date:	

Inspected Facilities									
Facility ID:	242211	Type:	WELL	API Number:	123-10002	Status:	SI	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____									
Comment: <input type="text" value="SI/LOTO & on the inactive well list, Form 06A doc # 403213985"/>									
Corrective Action: <input type="text"/> Date: _____									
BradenHead									
Date of Last Brhd Test: <input type="text" value="02/27/2024"/> Annual Brhd Completed? <input type="text" value="Yes"/>									
Last Brhd Test Results Initial Surf Csg Pressure: <input type="text" value="0"/> Fluid Type: _____									
End Surf Csg Pressure: <input type="text" value="0"/>									
Comment: <input type="text" value="exposed at surface."/>									
Corrective Action: <input type="text"/> Date: _____									
Facility ID:	476980	Type:	TANK	API Number:	-	Status:	AC	Insp. Status:	AC

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

COGCC Comments

Comment	User	Date
This is a Routine Field Inspection. Any Corrective Actions from previous inspections not addressed are still applicable.	revasr	04/03/2024

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
702403293	Location photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6494024