

**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:

04/18/2024

Submitted Date:

04/18/2024

Document Number:

698706209

**FIELD INSPECTION FORM**Loc ID 322840 Inspector Name: Serna, Abe On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**

ECMC Operator Number: 69175

Name of Operator: PDC ENERGY INC

Address: 1099 18TH STREET SUITE 1500

City: DENVER State: CO Zip: 80202

**Status Summary:**

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

**Findings:**

7 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                         |
|--------------|-------|--------------------------|---------------------------------|
| , PDC        |       | cogccinspection@pdce.com | <a href="#">All Inspections</a> |
| ,            |       | randy.silver@state.co.us |                                 |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 244351      | WELL | SI     | 06/01/2022  | GW         | 123-12145 | ELLA 1        | SI          |

**General Comment:**[Wellsite Inspection](#)

|  |          |        |  |                 |
|--|----------|--------|--|-----------------|
| Location   |          |        |  |                 |
| Overall Good: <input checked="" type="checkbox"/>      |          |        |  |                 |
| Signs/Marker:  |          |        |  |                 |
| Type   | WELLHEAD |        |  |                 |
| Comment:   | Adequate |        |  |                 |
| Corrective Action:                                     |          |        |  | Date:           |
| Emergency Contact Number:                              |          |        |  |                 |
| Comment:   |          |        |  |                 |
| Corrective Action:                                     |          |        |  | Date: _____     |
| Overall Good: <input checked="" type="checkbox"/>      |          |        |  |                 |
| Spills:  |          |        |  |                 |
| Type   | Area     | Volume |  |                 |
| In Containment: No                                     |          |        |  |                 |
| Comment:   |          |        |  |                 |
| <input type="checkbox"/> Multiple Spills and Releases? |          |        |  |                 |
| Fencing/:  |          |        |  |                 |
| Type   | WELLHEAD |        |  |                 |
| Comment:   | Panels   |        |  |                 |
| Corrective Action:                                     |          |        |  | Date:           |
| Equipment:   |          |        |  |                 |
| Type: Plunger Lift                                     | # 1      |        |  | corrective date |
| Comment:   |          |        |  |                 |
| Corrective Action:                                     |          |        |  | Date:           |
| Type: Bradenhead                                       | # 1      |        |  |                 |
| Comment:   |          |        |  |                 |
| Corrective Action:                                     |          |        |  | Date:           |
| Venting:   |          |        |  |                 |
| Yes/No   | NO       |        |  |                 |
| Comment:   |          |        |  |                 |
| Corrective Action:                                     |          |        |  | Date:           |
| Flaring:   |          |        |  |                 |
| Type   |          |        |  |                 |
| Comment:   |          |        |  |                 |
| Corrective Action:                                     |          |        |  | Date:           |
|  |          |        |  |                 |

Inspected Facilities

Facility ID: 244351

Type: WELL

API Number: 123-12145

Status: SI

Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder:

Comment: SI  
Flowline valve is closed

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 03/17/2023

Annual Brhd Completed? No

Last Brhd Test Results

Initial Surf Csg Pressure: 0

Fluid Type:

End Surf Csg Pressure: 0

Comment: Submit files

Corrective Action:

Date:

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

ECMC Comments

| Comment            | User   | Date       |
|--------------------|--------|------------|
| Routine Inspection | sernaa | 04/18/2024 |

Attached Documents

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

| Document Num | Description | URL   |
|--------------|-------------|---|
| 698706210    | Photo       | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6514744">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6514744</a> |