

**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:

04/29/2024

Submitted Date:

04/29/2024

Document Number:

702502711

FIELD INSPECTION FORMLoc ID 335858 Inspector Name: Burchett, Kirby On-Site Inspection ☐ 2A Doc Num: ☐**Operator Information:**

ECMC Operator Number: 10456

Name of Operator: CAERUS PICEANCE LLC

Address: 1001 17TH STREET #1600

City: DENVER State: CO Zip: 80202

Status Summary:

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

Findings:

15 Number of Comments

2 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 |
|----------------|----------------|---|---------|
| Wilson, Justin | (970) 878-3825 | jrwilson@blm.gov | |
| , Caerus | (970) 285-2600 | COGCC.inspections@caerus oilandgas.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|
| 281524 | WELL | PR | 07/01/2022 | CBM | 103-10655 | FEDERAL 2S-95-15-22 | PR |

General Comment:**ECMC Inspection Report Summary**

On Monday, 04/95/2024, Inspector Kirby Burchett, conducted a follow up field inspection at Caerus Piceance LLC on the Federal 2S-95-15-22 well, Location #335858, in Rio Blanco County, Colorado.

This location is within or close proximity to a Parks & Wildlife (CPW) District, Black Bear area with High Priority, NSO, Density, and Other Consultation Habitat regulations.

Any Corrective Actions from previous Inspections are still applicable.

Follow up inspection in response to compliance issues observed during Inspection #702502158 on 11/20/23. The following Corrective Action is still unresolved and original due date will remain.

1. Unused equipment.
Refer to Inspection Photo for observed compliance issue.

While there during normal operations the following compliance issue was observed:

1. Releif riser missing protective cap.
Refer to Inspection Photo for observed compliance issue.

A follow up on this site inspection will be conducted to ensure all compliance issues have been corrected to comply with ECMC rules.

LocationOverall Good: ☐**Signs/Marker:**

| | | | |
|--------------------|--|-------|--|
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | Operators will ensure that container and tank labels are well maintained and legible, and will replace damaged or vandalized labels within 10 days of discovery that the label is no longer legible or is damaged. | | |
| Corrective Action: | | Date: | |
| Type | BATTERY | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | OTHER | | |
| Comment: | Separator units include attached storage tanks. No form of labeling or markers are present to identify a potential hazard or the contents of the storage tank. | | |
| Corrective Action: | | Date: | |
| Type | OTHER | | |
| Comment: | As Location Entrance signs are replaced: The Well name; The Commission's Location identification number (ID #); The Operator's telephone number where it may be reached at all times; and the Telephone number(s) for local emergency services (911 where available) will be required. | | |
| Corrective Action: | | Date: | |
| Type | CONTAINERS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment: 970-285-2615 or 911

Corrective Action:

Date: _____

Good Housekeeping:

| | | | |
|--------------------|--|-------|------------|
| Type | UNUSED EQUIPMENT | | |
| Comment: | Empty methanol tank in containment. | | |
| Corrective Action: | All equipment not hooked up or out of service will be removed from location. | Date: | 12/08/2023 |

Overall Good: ☐**Spills:**

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

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Fencing/:**

| | | | |
|----------|---------------------------|--|--|
| Type | LOCATION | | |
| Comment: | Livestock and barbed wire | | |

| | | | |
|--|-----|-------------------------|--|
| Corrective Action: | | Date: | |
| Equipment: | | corrective date | |
| Type: Prime Mover | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Horizontal Heated Separator | # 1 | | |
| Comment: Relief riser missing debris and rain cap. | | | |
| Corrective Action: Vents on pressure safety devices will terminate in a manner so as not to endanger the public or adjoining facilities. They will be designed to be clear and free of debris and water at all times. | | Date: <u>05/15/2024</u> | |
| Type: Gas Meter Run | # 2 | | |
| Comment: One not in use? | | | |
| Corrective Action: | | Date: | |
| Type: Other | # 1 | | |
| Comment: Wellhead tree | | | |
| Corrective Action: | | Date: | |
| Type: Bradenhead | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Ancillary equipment | # 1 | | |
| Comment: Methanol tank in containment | | | |
| Corrective Action: | | Date: | |
| Type: Bird Protectors | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Deadman # & Marked | # 7 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---|----------|-----------|---------|--------|
| CONDENSATE | 2 | 300 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 | | | |

| | | | | | | | |
|--------------------|----------|---------------------|---------------------|-------------|--------|-------|--|
| Comment: | | Lined | | | | | |
| Corrective Action: | | | | | | Date: | |
| Contents | # | Capacity | Type | Tank ID | SE GPS | | |
| PRODUCED WATER | 2 | 500 BBLs | STEEL AST | | , | | |
| Comment: | | | | | | | |
| Corrective Action: | | | | | | Date: | |
| <u>Paint</u> | | | | | | | |
| Condition | Adequate | | | | | | |
| Other (Content) | | | | | | | |
| Other (Capacity) | | | | | | | |
| Other (Type) | | | | | | | |
| <u>Berms</u> | | | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | | | |
| Metal | Adequate | | | | | | |
| Comment: | | Lined | | | | | |
| Corrective Action: | | | | | | Date: | |
| <u>Venting:</u> | | | | | | | |
| Yes/No | NO | | | | | | |
| Comment: | | | | | | | |
| Corrective Action: | | | | | | Date: | |
| <u>Flaring:</u> | | | | | | | |
| Type | | | | | | | |
| Comment: | | | | | | | |
| Corrective Action: | | | | | | Date: | |

| Inspected Facilities | | | | | | | | | |
|----------------------|---------------------------------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 281524 | Type: | WELL | API Number: | 103-10655 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | February 2024 Production Report | | | | | | | | |
| Corrective Action: | | | | Date: | | | | | |

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

Reclamation - Storm Water - Pit

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|--|--------------------------|---------|
| Ditches | | | | | | |
| | | Ditches | | | | |
| Berms | | | | | | |
| | | | | Material Handling And Spill Prevention | | |
| | | Drains | | | | |

Comment: Operator is responsible for maintaining Best Management Practices (BMPs) to control vehicle tracking and potential sediment discharges from operational roads, well pads, and other unpaved surfaces.

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT

| Permit: | Facility ID | Permit Num | Expiration Date |
|---------|-------------|------------|-----------------|
| | 414350 | 1630560 | |
| | 414350 | 1630560 | |
| | 414349 | 1630557 | |

Attached Documents

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

| Document Num | Description | URL |
|--------------|-------------------|---|
| 702502712 | Inspection Photos | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6528875 |