

FORM INSP
Rev 05/11

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



| | | | |
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| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:
11/07/2012

Document Number:
663800567

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

| | | | | |
|---------------------|---------------|---------------|---------------|------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | <u>412766</u> | <u>413481</u> | | <u>LONGWORTH, MIKE</u> |

Operator Information:

OGCC Operator Number: 69175 Name of Operator: PDC ENERGY INC
 Address: 1775 SHERMAN STREET - STE 3000
 City: DENVER State: CO Zip: 80203

Contact Information:

| Contact Name | Phone | Email | Comment |
|--------------|--------------|-------------------|---------------------------------|
| Ed, Winters | 970-285-9606 | EWinters@petd.com | Environmental Field Coordinator |

Compliance Summary:

QtrQtr: SWNE Sec: 24 Twp: 6S Range: 97W

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------------------------------|
| 412763 | WELL | PR | 08/31/2011 | LO | 045-18586 | Puckett 32A-24D | <input checked="" type="checkbox"/> |
| 412764 | WELL | PR | 07/31/2011 | LO | 045-18587 | Puckett 32B-24D | <input checked="" type="checkbox"/> |
| 412765 | WELL | PR | 08/31/2011 | LO | 045-18588 | Puckett 32C-24D | <input checked="" type="checkbox"/> |
| 412766 | WELL | PR | 12/14/2011 | LO | 045-18589 | Puckett 32D-24D | <input checked="" type="checkbox"/> |
| 412768 | WELL | PR | 12/14/2011 | LO | 045-18591 | Puckett 42C-24D | <input checked="" type="checkbox"/> |
| 412769 | WELL | PR | 05/01/2012 | LO | 045-18592 | Puckett 42D-24D | <input checked="" type="checkbox"/> |
| 418563 | WELL | PR | 08/31/2011 | | 045-18590 | Puckett 42B-24D | <input checked="" type="checkbox"/> |
| 418567 | WELL | PR | 07/31/2011 | | 045-19736 | Puckett 43A-24D | <input checked="" type="checkbox"/> |

Equipment:

Location Inventory

| | | | |
|------------------------------|-------------------------|----------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: <u>8</u> | Production Pits: _____ |
| Condensate Tanks: <u>2</u> | Water Tanks: <u>2</u> | Separators: <u>8</u> | Electric Motors: _____ |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____ | LACT Unit: _____ | Pump Jacks: _____ |
| Electric Generators: _____ | Gas Pipeline: <u>1</u> | Oil Pipeline: _____ | Water Pipeline: _____ |
| Gas Compressors: _____ | VOC Combustor: <u>1</u> | Oil Tanks: _____ | Dehydrator Units: _____ |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: _____ | Fuel Tanks: _____ |

Location

Lease Road:

| Type | Satisfactory/Unsatisfactory | comment | Corrective Action | Date |
|--------|-----------------------------|---------|-------------------|------|
| Access | Satisfactory | | | |

| Signs/Marker: | | | | |
|----------------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Satisfactory | | | |
| CONTAINERS | Satisfactory | | | |
| TANK LABELS/PLACARDS | Satisfactory | | | |
| BATTERY | Satisfactory | | | |

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

| Good Housekeeping: | | | | |
|---------------------------|-----------------------------|--|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WEEDS | Satisfactory | continue weed control. Berms full of weeds | | |
| TRASH | Satisfactory | | | |

| Spills: | | | | |
|--|------|--------|-------------------|---------|
| Type | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| Fencing/: | | | | |
|------------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| SEPARATOR | Satisfactory | | | |
| WELLHEAD | Satisfactory | | | |
| TANK BATTERY | Satisfactory | | | |

| Equipment: | | | | | |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Bird Protectors | 4 | Satisfactory | | | |
| Plunger Lift | 8 | Satisfactory | | | |
| Deadman # & Marked | | | | | |
| Horizontal Heated Separator | 8 | Satisfactory | | | |

| | | | | |
|--------------------|--------------|-----------------------------------|---------------------|------------------|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 1 | 400 BBLs | STEEL AST | , |
| S/U/V: | Satisfactory | | Comment: | |
| Corrective Action: | | | | Corrective Date: |
| <u>Paint</u> | | | | |
| Condition | Adequate | | | |
| Other (Content) | _____ | | | |
| Other (Capacity) | _____ | | | |
| Other (Type) | _____ | | | |
| <u>Berms</u> | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

| | | | | |
|--------------------|--------------|-----------------------------------|---------------------|----------------------|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS |
| CONDENSATE | 1 | 400 BBLs | STEEL AST | 39.511890,108.165190 |
| S/U/V: | Satisfactory | | Comment: | |
| Corrective Action: | | | | Corrective Date: |
| <u>Paint</u> | | | | |
| Condition | Adequate | | | |
| Other (Content) | _____ | | | |
| Other (Capacity) | _____ | | | |
| Other (Type) | _____ | | | |
| <u>Berms</u> | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

| | |
|-----------------|---------|
| Venting: | |
| Yes/No | Comment |
| | |

| | | | | |
|-----------------|-----------------------------|---------|-------------------|---------|
| Flaring: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

| | | | | |
|----------------------------|-------|-----------------|--|--|
| Predrill | | | | |
| Location ID: <u>413481</u> | | | | |
| Site Preparation: | | | | |
| Lease Road Adeq.: | Pads: | Soil Stockpile: | | |
| Corrective Action: | Date: | CDP Num.: | | |

Form 2A COAs:

| Group | User | Comment | Date |
|-------|-----------|---|------------|
| OGLA | kubeczkod | Reserve pit (or any other pit used to store fluids) must be lined or closed loop system must be implemented during drilling. | 06/14/2010 |
| OGLA | kubeczkod | Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations. If fluids are conveyed via pipeline, operator must implement best management practices to contain any unintentional release of fluids. | 06/14/2010 |
| OGLA | kubeczkod | The nearby hillside must be monitored for any day-lighting of drilling fluids throughout the drilling of the surface casing interval. | 06/14/2010 |
| OGLA | kubeczkod | The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1. | 06/14/2010 |
| OGLA | kubeczkod | No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. The entire base of the pit must be in cut. | 06/08/2010 |
| OGLA | kubeczkod | Notice to Operators (NTO) Drilling Wells on the Roan Plateau in Garfield County: Comply with all provisions of the June 12, 2008 Notice to Operators (NTO) Drilling Wells Within ¼ Mile of the Rim of the Roan Plateau in Garfield County – Pit Design, Construction, and Monitoring Requirements. At a minimum, the following condition of approval (COA) will apply: All pits must be lined. | 06/28/2010 |

Comment:

CA: **Date:** _____

Wildlife BMPs:

Comment:

CA: **Date:** _____

Stormwater:

| Erosion BMPs | Present | Other BMPs | Present |
|--------------|---------|------------|---------|
| | | | |

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

Comment: _____

Staking:

On Site Inspection (305):

Surface Owner Contact Information:
 Name: _____ Address: _____
 Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:
 Landman Name: _____ Phone Number: _____
 Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____
 Request LGD Attendance: _____

LGD Contact Information:
 Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

| Facility | | | | | | | | | |
|-----------------------|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 412763 | Type: | WELL | API Number: | 045-18586 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | _____ | | | | | | | | |
| Facility ID: | 412764 | Type: | WELL | API Number: | 045-18587 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | _____ | | | | | | | | |
| Facility ID: | 412765 | Type: | WELL | API Number: | 045-18588 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | _____ | | | | | | | | |
| Facility ID: | 412766 | Type: | WELL | API Number: | 045-18589 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | _____ | | | | | | | | |
| Facility ID: | 412768 | Type: | WELL | API Number: | 045-18591 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | _____ | | | | | | | | |
| Facility ID: | 412769 | Type: | WELL | API Number: | 045-18592 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | _____ | | | | | | | | |
| Facility ID: | 418563 | Type: | WELL | API Number: | 045-18590 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | _____ | | | | | | | | |
| Facility ID: | 418567 | Type: | WELL | API Number: | 045-19736 | Status: | PR | Insp. Status: | PR |

Producing Well

Comment:

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment:

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location:

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: RANGELAND

Comment:

1003a. Debris removed? Pass CM _____
CA _____ CA Date _____

Waste Material Onsite? Pass CM _____
CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____
CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass CM _____
CA _____ CA Date _____

Guy line anchors removed? In CM _____
CA _____ CA Date _____

Guy line anchors marked? _____ CM _____
CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? In

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? P

Comment:

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

Reminder: _____

Comment:

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment:

Corrective Action: Date _____

Overall Final Reclamation Multi-Well Location

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Berms | Pass | Berms | Pass | | | |
| Compaction | Pass | Compaction | Pass | | | |
| Ditches | Pass | Culverts | Pass | | | |
| Gravel | Pass | Ditches | Pass | | | |
| Rip Rap | Pass | Retention Ponds | Pass | | | |
| | | Rip Rap | Pass | | | |
| Drains | Pass | Gravel | Pass | | | |

S/U/V: Satisfactory Corrective Date: _____

Comment:

CA: