

**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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Inspection Date:

04/22/2014

Document Number:

667200028

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>225164</u>	<u>313795</u>	<u>SCHURE, KYM</u>	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10203Name of Operator: BLACK RAVEN ENERGY INCAddress: 1331 17TH STREET - #350City: DENVER State: CO Zip: 80202

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Alstadt, J.		jaldstadt@enerjexresources.com	

Compliance Summary:QtrQtr: NENW Sec: 32 Twp: 2N Range: 57W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/16/2013	664001117	TA	TA	SATISFACTOR Y			No
07/02/2012	663400543	TA	TA	SATISFACTOR Y			No
06/28/2011	200316909	MI	TA	ACTION REQUIRED			Yes
04/14/2010	200242677	RT	TA	SATISFACTOR Y			No
06/16/2009	200212779	RT	TA	SATISFACTOR Y			No
04/21/2008	200130615	RT	TA	SATISFACTOR Y			No
08/14/2007	200117872	RT	TA	SATISFACTOR Y			No
08/04/2006	200094696	MI	TA	SATISFACTOR Y		Pass	No
06/08/2005	200072668	RT	TA	SATISFACTOR Y		Pass	No
05/27/2004	200055293	RT	TA	SATISFACTOR Y		Pass	Yes
05/05/2004	200054138	RT	TA	SATISFACTOR Y		Pass	No
05/15/2003	200038867	RT	TA	SATISFACTOR Y		Pass	No
04/16/2002	200026648	RT	TA	SATISFACTOR Y		Pass	No
06/26/2001	200017686	MI	TA	SATISFACTOR Y	I	Pass	Yes

Inspector Name: SCHURE, KYM

08/17/2000	200009464	RT	TA	SATISFACTORY Y		Pass	No	
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Inspector Comment:

UIC ROUTINE SATISFACTORY

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
225164	WELL	TA	06/05/1990	ERIW	087-05562	ADENA J SAND UNIT W-52	TA	<input type="checkbox"/>

Equipment:

Location Inventory

Location

<u>Signs/Marker:</u>					
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date	
WELLHEAD	SATISFACTORY				

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

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

<u>Fencing/:</u>					
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date	
LOCATION	SATISFACTORY				

<u>Venting:</u>			
Yes/No	Comment		

<u>Flaring:</u>					
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date	

Predrill

Location ID: 225164

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Stormwater:****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:**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:

Inspector Name: SCHURE, KYM

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: 04/22/2014

Land Use: _____

Comment: Footprint reduced

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? _____ 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? Pass

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

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced _____ Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? _____ P _____

Comment: Footprint reduced

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

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

Final Land Use: _____

Inspector Name: SCHURE, KYM

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 _____

Well Release on Active Location ☐

Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass					

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: No surface erosion from stormwater runoff observed

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT