

**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

DE	ET	OE	ES
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Inspection Date:

06/04/2014

Document Number:

675200033

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334493	334493	CONKLIN, CURTIS	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10433Name of Operator: PICEANCE ENERGY LLCAddress: 1512 LARIMER STREET #1000City: 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
Kellerby, Shaun		shuan.kellerby@state.co.us	
Bankert, Wayne	(970) 683-5419	wbankert@laramie-energy.com	Senior Regulatory & Environmental Coordinator

Compliance Summary:QtrQtr: NWNE Sec: 9 Twp: 10S Range: 93W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
221495	WELL	PA	03/03/2009	GW	077-08096	VEGA UNIT 1	PA	<input type="checkbox"/>
278831	WELL	PR	08/08/2007	GW	077-08930	VEGA UNIT 9-41	PR	<input checked="" type="checkbox"/>
278832	WELL	PR	08/04/2007	GW	077-08929	VEGA UNIT 9-31	PR	<input checked="" type="checkbox"/>
278833	WELL	PR	08/15/2007	GW	077-08928	VEGA UNIT 4-34	PR	<input checked="" type="checkbox"/>
279067	WELL	PR	02/13/2006	GW	077-08918	VEGA 9-21	PR	<input checked="" type="checkbox"/>
280260	WELL	PR	02/13/2006	GW	077-08951	VEGA 9-32	PR	<input checked="" type="checkbox"/>
288132	WELL	PR	06/10/2013	GW	077-09195	VEGA UNIT 9-211	PR	<input checked="" type="checkbox"/>
288133	WELL	PR	12/11/2007	GW	077-09194	VEGA UNIT 4-244	PR	<input checked="" type="checkbox"/>
288156	WELL	PR	12/11/2007	GW	077-09190	VEGA UNIT 9-321	PR	<input checked="" type="checkbox"/>
288157	WELL	PR	08/15/2007	GW	077-09191	VEGA UNIT 4-341	PR	<input checked="" type="checkbox"/>
288158	WELL	PR	12/11/2007	GW	077-09192	VEGA UNIT 9-221	PR	<input checked="" type="checkbox"/>
288159	WELL	PR	12/11/2007	GW	077-09193	VEGA UNIT 9-224	PR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: CONKLIN, CURTIS

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

Location

Lease Road:				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY	Not visable from entrance.		
CONTAINERS	SATISFACTORY	Peeling Labels		

Emergency Contact Number (S/A/V):	SATISFACTORY	Corrective Date:	
Comment:			
Corrective Action:			

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
DEBRIS	SATISFACTORY	Pad liner starting to show through gravel.		

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

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Panels		
LOCATION	SATISFACTORY	Wire fencing		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Gas Meter Run	1	SATISFACTORY			
Horizontal Heated Separator	11	SATISFACTORY			
Plunger Lift	11	SATISFACTORY			
Deadman # & Marked	3	SATISFACTORY	2 of 3 marked on location		
Bird Protectors	9	SATISFACTORY			

Inspector Name: CONKLIN, CURTIS

Emission Control Device	1	SATISFACTORY			
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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	400 BBLS	STEEL AST	,

S/A/V:	SATISFACTORY	Comment:	
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Corrective Action:		Corrective Date:	
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Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate

Corrective Action		Corrective Date	
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Comment	
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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 BBLS	STEEL AST	,

S/A/V:	SATISFACTORY	Comment:	Near seperators
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Corrective Action:		Corrective Date:	
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Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate

Corrective Action		Corrective Date	
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Comment	
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Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	400 BBLS	STEEL AST	,	
S/A/V:	SATISFACTORY		Comment: Staining on tank from overflow		
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment				same as crude tank	
Venting:					
Yes/No		Comment			
Flaring:					
Type	Satisfactory/Action Required		Comment	Corrective Action	CA Date

Predrill

Location ID: 334493

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:**Facility**

Facility ID: 278831 Type: WELL API Number: 077-08930 Status: PR Insp. Status: PR

Producing Well

Comment: PR. Leaking from wing valve stem.

Facility ID: 278832 Type: WELL API Number: 077-08929 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 278833 Type: WELL API Number: 077-08928 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID:	279067	Type:	WELL	API Number:	077-08918	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR								

Facility ID:	280260	Type:	WELL	API Number:	077-08951	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR								

Facility ID:	288132	Type:	WELL	API Number:	077-09195	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR. Production tree leaking from valve stem.								

Facility ID:	288133	Type:	WELL	API Number:	077-09194	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR								

Facility ID:	288156	Type:	WELL	API Number:	077-09190	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR. Leaking from wing valve stem.								

Facility ID:	288157	Type:	WELL	API Number:	077-09191	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR								

Facility ID:	288158	Type:	WELL	API Number:	077-09192	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR								

Facility ID:	288159	Type:	WELL	API Number:	077-09193	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR								

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
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Field Parameters:

Inspector Name: CONKLIN, CURTIS

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: _____

Comment: _____

1003a. Debris removed? _____ CM _____
CA _____ CA Date _____
Waste Material Onsite? _____ CM _____
CA _____ CA Date _____
Unused or unneeded equipment onsite? _____ CM _____
CA _____ CA Date _____
Pit, cellars, rat holes and other bores closed? _____ 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? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

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

Cuttings management: _____

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

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? _____

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

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

Final Land Use: _____

Inspector Name: CONKLIN, CURTIS

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
Culverts	Pass	Gravel	Pass			
Ditches	Pass					
Check Dams	Pass	Culverts	Pass			
Gravel	Pass					
Seeding	Pass					
Compaction	Pass	Ditches	Pass			
Slope Roughening	Pass					
Berms	Pass	Compaction	Pass	MHSP	Pass	

S/A/V: SATISFACTOR _____ Corrective Date: _____
Y _____

Comment: _____
CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Please address the leaking valves stems on the three wells.(Vega Unit 9-211, 9-321,9-41) using Operators BMPs for well maintenance. See pictures attached in Leaks file.	conklinc	06/04/2014

Attached Documents

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

Document Num	Description	URL
675200049	Leaks	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3359877