

Inspector Name: Rickard, Jeffrey

**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

Inspection Date:  
10/10/2014Document Number:  
674101513Overall Inspection:  
SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                  |                          |             |
|---------------------|-------------|--------|------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name:  | On-Site Inspection       | 2A Doc Num: |
|                     | 299966      | 302671 | Rickard, Jeffrey | <input type="checkbox"/> |             |

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

- ☐ 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            |
|--------------------------|----------------|--------------------------|--------------------|
| General, All inspections | (970) 332-3520 | cogccinspection@pdce.com | All PDC inspection |

**Compliance Summary:**QtrQtr: SENE Sec: 17 Twp: 4N Range: 67W**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 299966      | WELL | PR     | 05/31/2011  | OW         | 123-29578 | LAJCO 17C     | PR          | <input checked="" type="checkbox"/> |
| 418568      | WELL | PR     | 05/31/2011  | OW         | 123-31957 | LAJCO 17RD    | PR          | <input checked="" type="checkbox"/> |
| 418578      | WELL | PR     | 05/31/2011  | OW         | 123-31959 | LAJCO 17SD    | PR          | <input checked="" type="checkbox"/> |
| 418600      | WELL | PR     | 05/31/2011  | OW         | 123-31960 | LAJCO 17ND    | PR          | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

|                              |                        |                      |                         |
|------------------------------|------------------------|----------------------|-------------------------|
| Special Purpose Pits: _____  | Drilling Pits: _____   | Wells: <u>4</u>      | Production Pits: _____  |
| Condensate Tanks: _____      | Water Tanks: <u>2</u>  | Separators: <u>3</u> | 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: <u>3</u>  | Dehydrator Units: _____ |
| Multi-Well Pits: _____       | Pigging Station: _____ | Flare: <u>2</u>      | Fuel Tanks: _____       |

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

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

**Spills:**

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

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☐ Multiple Spills and Releases?

|                 |         |  |
|-----------------|---------|--|
| <b>Venting:</b> |         |  |
| Yes/No          | Comment |  |
| NO              |         |  |

|                 |                              |         |                   |         |
|-----------------|------------------------------|---------|-------------------|---------|
| <b>Flaring:</b> |                              |         |                   |         |
| Type            | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                 |                              |         |                   |         |

**Predrill**

Location ID: 299966

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/A/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

| Group | User    | Comment   | Date       |
|-------|---------|---|------------|
| OGLA  | walkerv | Operator shall ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations         | 07/27/2010 |
| OGLA  | walkerv | Either a lined drilling pit or closed loop system is required   | 07/27/2010 |
| OGLA  | walkerv | Best management practices shall be in place to ensure that fluid and/or sediment from the location does not enter the river located to the north and west | 07/27/2010 |

**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: 299966 Type: WELL API Number: 123-29578 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

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**BradenHead**

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 418568 Type: WELL API Number: 123-31957 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 418578 Type: WELL API Number: 123-31959 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 418600 Type: WELL API Number: 123-31960 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Braden head is exposed at surface.

CA:

CA Date:

**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): Y

Comment:

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Pilot: OFF Wildlife Protection Devices (fired vessels): YES

**Reclamation - Storm Water - Pit**

**Interim Reclamation:**

Date Interim Reclamation Started: Date Interim Reclamation Completed:

Land Use: IRRIGATED

Comment:

1003a. Debris removed? CM CA Date  
Waste Material Onsite? CM CA Date  
Unused or unneeded equipment onsite? CM CA Date  
Pit, cellars, rat holes and other bores closed? CM CA Date  
Guy line anchors removed? CM CA Date  
Guy line anchors marked? CM 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: COMMERCIAL, IRRIGATED, RESIDENTIAL

Reminder:

Comment:

Well plugged Pit mouse/rat holes, cellars backfilled

Debris removed No disturbance /Location never built

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|   |  |   |                        |
|---|--|---|------------------------|
| 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:  | <input type="text"/>                                     |   |                        |
| Corrective Action:  | <input type="text"/>                                     | Date _____                                      |                        |
| Overall Final Reclamation _____                               | Well Release on Active Location <input type="checkbox"/> | Multi-Well Location <input type="checkbox"/>    |                        |

|                     |                 |                         |                       |               |                          |         |
|---------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| <b>Storm Water:</b> |                 |                         |                       |               |                          |         |
| Loc Erosion BMPs    | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Gravel              | Pass            |                         |                       |               |                          |         |
| S/A/V: SATISFACTOR  |                 | Corrective Date: _____  |                       |               |                          |         |
| Y                   |                 |                         |                       |               |                          |         |
| Comment:            |                 | <input type="text"/>    |                       |               |                          |         |
| CA:                 |                 | <input type="text"/>    |                       |               |                          |         |

|              |  |
|--------------|--|
| <b>Pits:</b> | <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT |
|--------------|--|