

**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:
11/21/2014Document Number:
675200796Overall 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	NW Supervisor
Bankert, Wayne	(970) 683-5419	wbankert@laramie-energy.com	Senior Regulatory & Environmental Coordinator

Compliance Summary:QtrQtr: NWNE Sec: 9 Twp: 10S Range: 93W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/04/2014	675200033			SATISFACTORY			No

Inspector Comment:Follow up to inspection #675200033**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"/>

Inspector Name: CONKLIN, CURTIS

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

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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	Snow packed at time of inspection		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

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?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Panels		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	11	SATISFACTORY			
Plunger Lift	11	SATISFACTORY			
Deadman # & Marked	1	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			

Inspector Name: CONKLIN, CURTIS

Bird Protectors	10	SATISFACTORY			
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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:
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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

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

Contents	#	Capacity	Type	SE GPS
CONDENSATE	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

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

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	400 BBLS	HEATED 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) _____

Inspector Name: CONKLIN, CURTIS

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Venting:		
Yes/No	Comment	
NO		

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

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									
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									
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
Gravel	Pass					
Berms	Pass					
Ditches	Pass					

S/A/V: SATISFACTOR

Corrective Date:

Y

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT