

**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:
04/13/2015Document Number:
675201433Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334443	334443	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
Arthur, Denise		denise.arthur@state.co.us	
Bankert, Wayne	(970) 683-5419	wbankert@laramie-energy.com	Senior Regulatory & Environmental Coordinator

Compliance Summary:QtrQtr: SENE Sec: 34 Twp: 9S Range: 93W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/20/2014	675200808			SATISFACTORY			No
01/03/2013	668500270			SATISFACTORY	I		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
285899	WELL	PR	06/29/2007	GW	077-09117	VEGA UNIT 34-431	PR	<input checked="" type="checkbox"/>
286493	WELL	PR	08/24/2007	GW	077-09134	VEGA UNIT 34-421	PR	<input checked="" type="checkbox"/>
286494	WELL	PR	05/03/2008	GW	077-09133	VEGA UNIT 34-321	PR	<input checked="" type="checkbox"/>
286495	WELL	PR	07/08/2007	GW	077-09132	VEGA UNIT 34-414	PR	<input checked="" type="checkbox"/>
286496	WELL	PR	08/09/2007	GW	077-09131	VEGA UNIT 34-411	PR	<input checked="" type="checkbox"/>
286497	WELL	PR	04/16/2008	GW	077-09130	VEGA UNIT 34-311	PR	<input checked="" type="checkbox"/>
286498	WELL	PR	08/24/2007	GW	077-09129	VEGA UNIT 34-314	PR	<input checked="" type="checkbox"/>
286499	WELL	PR	09/28/2009	GW	077-09128	VEGA UNIT 34-324	PR	<input checked="" type="checkbox"/>
286528	WELL	PR	07/05/2007	GW	077-09135	VEGA UNIT 34-424	PR	<input checked="" type="checkbox"/>

Inspector Name: CONKLIN, CURTIS

286529	WELL	PR	01/09/2008	GW	077-09136	VEGA UNIT 34-331	PR	<input checked="" type="checkbox"/>
293460	WELL	PR	11/14/2007	GW	077-09452	VEGA FEDERAL 34-224	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
Main	SATISFACTORY			
Access	SATISFACTORY			

Signs/Marker:

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

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

Corrective Date: _____

Comment: 800-891-6191

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
DEBRIS	ACTION REQUIRED	Plastic covering berms is torn and littering slope. See attached photo.	Remove debris to comply with COGCC rules.	05/13/2015

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Bird Protectors	9	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			
Horizontal Heated Separator	11	SATISFACTORY			

Inspector Name: CONKLIN, CURTIS

Ancillary equipment	1	SATISFACTORY	Chem unit w/ containment		
Plunger Lift	11	SATISFACTORY			

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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

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

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	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 Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
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Comment	
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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) _____

Inspector Name: CONKLIN, CURTIS

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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Venting:		
Yes/No	Comment	
NO		

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 334443

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: 285899 Type: WELL API Number: 077-09117 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 286493 Type: WELL API Number: 077-09134 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 286494 Type: WELL API Number: 077-09133 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 286495	Type: WELL	API Number: 077-09132	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				

Facility ID: 286496	Type: WELL	API Number: 077-09131	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				

Facility ID: 286497	Type: WELL	API Number: 077-09130	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				

Facility ID: 286498	Type: WELL	API Number: 077-09129	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				

Facility ID: 286499	Type: WELL	API Number: 077-09128	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				

Facility ID: 286528	Type: WELL	API Number: 077-09135	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				

Facility ID: 286529	Type: WELL	API Number: 077-09136	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				

Facility ID: 293460	Type: WELL	API Number: 077-09452	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				

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:

Lat _____ Long _____

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

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: No evidence of interim reclamation to reduce pad size. Wells have been completed with no open permits on location. See attached photo of location.

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
Drains	Pass	Gravel	Pass			
Berms	Pass	Check Dams	Pass			
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Culverts	Pass			

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT

Attached Documents

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

Document Num	Description	URL
675201468	Google earth pad view	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3597490
675201469	Litter on edge of pad.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3597491