

**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:
06/02/2015Document Number:
666801019Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	292836	335007	Murray, Richard	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10456Name of Operator: CAERUS PICEANCE LLCAddress: 600 17TH STREET #1600NCity: 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
McKee, Michael		MMckee@caerusoilandgas.com	EHS
Elsener, Garrett		garrett@caerusoilandgas.com	

Compliance Summary:QtrQtr: NESW Sec: 5 Twp: 7S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/14/2011	200298486	PR	PR	SATISFACTORY			Yes
12/19/2008	200200971	PR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
292140	WELL	PR	08/30/2008	GW	045-14605	SAVAGE 5-13A	PR	<input checked="" type="checkbox"/>
292737	WELL	PR	09/14/2009	GW	045-14766	SAVAGE 5-13B	PR	<input checked="" type="checkbox"/>
292738	WELL	PR	01/08/2009	GW	045-14765	SAVAGE 5-14D	PR	<input checked="" type="checkbox"/>
292739	WELL	PR	10/08/2008	GW	045-14764	SAVAGE 5-14C	PR	<input checked="" type="checkbox"/>
292740	WELL	PR	10/08/2008	GW	045-14763	SAVAGE 5-14B	PR	<input checked="" type="checkbox"/>
292741	WELL	PR	10/08/2008	GW	045-14762	SAVAGE 5-14A	PR	<input checked="" type="checkbox"/>
292742	WELL	PR	08/12/2011	GW	045-14761	SAVAGE 5-13D	PR	<input checked="" type="checkbox"/>
292743	WELL	PR	11/19/2009	GW	045-14760	SAVAGE 5-13C	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

292829	WELL	PR	11/19/2009	GW	045-14795	SAVAGE 5-23A	PR	<input checked="" type="checkbox"/>
292830	WELL	PR	08/26/2009	GW	045-14794	SAVAGE 5-23B	PR	<input checked="" type="checkbox"/>
292831	WELL	PR	01/07/2011	GW	045-14793	SAVAGE 5-23C	PR	<input checked="" type="checkbox"/>
292832	WELL	PR	11/19/2009	GW	045-14792	SAVAGE 5-23-D	PR	<input checked="" type="checkbox"/>
292835	WELL	PR	10/08/2008	GW	045-14791	SAVAGE 5-24A	PR	<input checked="" type="checkbox"/>
292836	WELL	PR	10/08/2008	GW	045-14789	SAVAGE 5-24C	PR	<input checked="" type="checkbox"/>
292837	WELL	PR	01/08/2009	GW	045-14788	SAVAGE 5-24D	PR	<input checked="" type="checkbox"/>
292846	WELL	PR	10/08/2008	GW	045-14790	SAVAGE 5-24B	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 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

<u>Signs/Marker:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY	AIRS ID 045-1685-001		
WELLHEAD	SATISFACTORY			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

☐ Multiple Spills and Releases?**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	16	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			
Horizontal Heated Separator	16	SATISFACTORY			

Inspector Name: Murray, Richard

Pig Station	1	SATISFACTORY				
Facilities: <input type="checkbox"/> New Tank Tank ID: _____						
Contents	#	Capacity	Type	SE GPS		
CONDENSATE	8	300 BBLS	STEEL AST	,		
S/A/V:	SATISFACTORY		Comment:			
Corrective Action:					Corrective Date:	
<u>Paint</u>						
Condition	Adequate					
Other (Content)	_____					
Other (Capacity)	_____					
Other (Type)	_____					
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Corrective Action					Corrective Date	
Comment						
<u>Venting:</u>						
Yes/No	Comment					
NO						
<u>Flaring:</u>						
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date		

Predrill

Location ID: 292836

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: 292140 Type: WELL API Number: 045-14605 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 292737 Type: WELL API Number: 045-14766 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 292738 Type: WELL API Number: 045-14765 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID:	292739	Type:	WELL	API Number:	045-14764	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	292740	Type:	WELL	API Number:	045-14763	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	292741	Type:	WELL	API Number:	045-14762	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	292742	Type:	WELL	API Number:	045-14761	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	292743	Type:	WELL	API Number:	045-14760	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	292829	Type:	WELL	API Number:	045-14795	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	292830	Type:	WELL	API Number:	045-14794	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	292831	Type:	WELL	API Number:	045-14793	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	292832	Type:	WELL	API Number:	045-14792	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	292835	Type:	WELL	API Number:	045-14791	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	292836	Type:	WELL	API Number:	045-14789	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	292837	Type:	WELL	API Number:	045-14788	Status:	PR	Insp. Status:	PR

Inspector Name: Murray, Richard

Producing Well

Comment: **Plunger lift**

Facility ID: 292846 Type: WELL API Number: 045-14790 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

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: _____

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

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

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? Pass CM _____ CA _____ CA Date _____
Guy line anchors marked? CM _____ CA _____ CA Date _____

Inspector Name: Murray, Richard

1003b. Area no longer in use? Pass Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? Pass

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? _____

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: _____

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
		Sediment Traps	Pass			
		Culverts	Pass			
Seeding	Pass					
		Ditches	Pass			
Berms	Pass					
Compaction	Pass					

Inspector Name: Murray, Richard

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT