

**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:

08/06/2015

Document Number:

673802395

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 433430      | 433430 | Gomez, Jason    | <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 |
|--------------|-------|--------------------------|---------|
|              |       | cogccinspection@pdce.com |         |

**Compliance Summary:**QtrQtr: SWSE Sec: 24 Twp: 5N Range: 65W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 12/09/2014 | 673801599 |            |             | SATISFACTORY                  |          |                | No              |

**Inspector Comment:**Corrective actions completed from inspection Doc#673801599 to comply with COGCC Rules**Related Facilities:**

| Facility ID | Type             | Status | Status Date | Well Class | API Num   | Facility Name       | Insp Status |                                     |
|-------------|------------------|--------|-------------|------------|-----------|---------------------|-------------|-------------------------------------|
| 433429      | WELL             | PR     | 12/10/2014  | OW         | 123-37636 | Maxey 24P-232       | PR          | <input checked="" type="checkbox"/> |
| 433458      | WELL             | PR     | 12/10/2014  | OW         | 123-37648 | Maxey 24P-332       | PR          | <input checked="" type="checkbox"/> |
| 433785      | WELL             | PR     | 12/10/2014  | OW         | 123-37775 | Maxey 24Q-302       | PR          | <input checked="" type="checkbox"/> |
| 433786      | WELL             | PR     | 12/10/2014  | OW         | 123-37776 | Maxey 24Q-112       | PR          | <input checked="" type="checkbox"/> |
| 440423      | SPILL OR RELEASE | CL     | 12/10/2014  |            | -         | SPILL/RELEASE POINT | CL          | <input type="checkbox"/>            |

**Equipment:****Location Inventory**

|                              |                         |                      |                         |
|------------------------------|-------------------------|----------------------|-------------------------|
| Special Purpose Pits: _____  | Drilling Pits: _____    | Wells: <u>4</u>      | Production Pits: _____  |
| Condensate Tanks: _____      | Water Tanks: <u>4</u>   | Separators: <u>4</u> | Electric Motors: _____  |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____     | LACT Unit: _____     | Pump Jacks: _____       |
| Electric Generators: _____   | Gas Pipeline: <u>1</u>  | Oil Pipeline: _____  | Water Pipeline: _____   |
| Gas Compressors: _____       | VOC Combustor: <u>1</u> | Oil Tanks: <u>4</u>  | Dehydrator Units: _____ |
| Multi-Well Pits: _____       | Pigging Station: _____  | Flare: _____         | Fuel Tanks: _____       |

**Location**

Inspector Name: Gomez, Jason

| <b>Signs/Marker:</b> |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |
| TANK LABELS/PLACARDS | SATISFACTORY                 |         |                   |         |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |
| BATTERY              | SATISFACTORY                 |         |                   |         |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |

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

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

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

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

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

| <b>Fencing:</b> |                              |              |                   |         |
|-----------------|------------------------------|--------------|-------------------|---------|
| Type            | Satisfactory/Action Required | Comment      | Corrective Action | CA Date |
| OTHER           | SATISFACTORY                 | ECD Panel x3 |                   |         |
| WELLHEAD        | SATISFACTORY                 | panel x 4    |                   |         |

| <b>Equipment:</b>           |   |                              |                                   |                   |         |
|-----------------------------|---|------------------------------|-----------------------------------|-------------------|---------|
| Type                        | # | Satisfactory/Action Required | Comment                           | Corrective Action | CA Date |
| Ancillary equipment         | 3 | SATISFACTORY                 | Methonal equipment w. containment |                   |         |
| Horizontal Heated Separator | 4 | SATISFACTORY                 |                                   |                   |         |
| Gas Meter Run               | 4 | SATISFACTORY                 |                                   |                   |         |
| Emission Control Device     | 3 | SATISFACTORY                 |                                   |                   |         |
| Plunger Lift                | 4 | SATISFACTORY                 |                                   |                   |         |
| Bird Protectors             | 7 | SATISFACTORY                 |                                   |                   |         |
| VRU                         | 1 | SATISFACTORY                 |                                   |                   |         |

| <b>Facilities:</b>                |              |                |                |                  |
|-----------------------------------|--------------|----------------|----------------|------------------|
| <input type="checkbox"/> New Tank |              | Tank ID: _____ |                |                  |
| Contents                          | #            | Capacity       | Type           | SE GPS           |
| PRODUCED WATER                    | 2            | 100 BBLS       | PBV FIBERGLASS | ,                |
| S/A/V:                            | SATISFACTORY | Comment:       |                |                  |
| Corrective Action:                |              |                |                | Corrective Date: |

| <b>Paint</b>     |          |
|------------------|----------|
| Condition        | Adequate |
| Other (Content)  | _____    |
| Other (Capacity) | _____    |

Inspector Name: Gomez, Jason

Other (Type) \_\_\_\_\_

**Berms**

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

|                   |  |                 |  |
|-------------------|--|-----------------|--|
| Corrective Action |  | Corrective Date |  |
| Comment           |  |                 |  |

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

| Contents       | # | Capacity | Type           | SE GPS |
|----------------|---|----------|----------------|--------|
| PRODUCED WATER | 4 | 400 BBLS | FIBERGLASS AST | ,      |

|                    |              |                  |  |
|--------------------|--------------|------------------|--|
| S/A/V:             | SATISFACTORY | Comment:         |  |
| Corrective Action: |              | Corrective Date: |  |

**Paint**

|           |          |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

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 |  |
| Comment           |  |                 |  |

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

| Contents  | #  | Capacity | Type      | SE GPS |
|-----------|----|----------|-----------|--------|
| CRUDE OIL | 12 | 400 BBLS | STEEL AST | ,      |

|                    |              |                  |  |
|--------------------|--------------|------------------|--|
| S/A/V:             | SATISFACTORY | Comment:         |  |
| Corrective Action: |              | Corrective Date: |  |

**Paint**

|           |          |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

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 |  |
| Comment           |  |                 |  |

**Venting:**

|        |         |  |
|--------|---------|--|
| Yes/No | Comment |  |
| NO     |         |  |

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

**Predrill**

Location ID: 433430

**Site Preparation:**

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

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

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

**Form 2A COAs:**

| Group | User     | Comment                                                                                                                                                                                                                                                                                                                                                                                                                             | Date       |
|-------|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| OGLA  | andrewsd | Operator must implement site-specific best management practices in accordance with good engineering practices, including, but not limited to, construction of a berm or diversion dike, site grading or other comparable measures, sufficient to protect the irrigation ditches located 174 feet west and 189 feet west of the oil and gas location from a release of drilling, completion, produced fluids, and chemical products. | 06/20/2013 |

**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: 433429 Type: WELL API Number: 123-37636 Status: PR Insp. Status: PR

Inspector Name: Gomez, Jason

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: **Exposed for testing**

CA:

CA Date:

Facility ID: 433458 Type: WELL API Number: 123-37648 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: **Exposed for testing**

CA:

CA Date:

Facility ID: 433785 Type: WELL API Number: 123-37775 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: **Exposed for testing**

CA:

CA Date:

Facility ID: 433786 Type: WELL API Number: 123-37776 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: **Exposed for testing**

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:

Inspector Name: Gomez, Jason

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: IRRIGATED

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: IRRIGATED

Reminder: \_\_\_\_\_

Inspector Name: Gomez, Jason

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Berms            | Pass            |                         |                       |               |                          |         |
| Gravel           | Pass            |                         |                       |               |                          |         |

S/A/V: SATISFACTOR  
Y

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

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

CA: \_\_\_\_\_

**Pits:** ☒ NO SURFACE INDICATION OF PIT