

Inspector Name: Peterson, Tom

**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:  
08/07/2015Document Number:  
680700293Overall Inspection:  
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	424474	424475	Peterson, Tom	<input type="checkbox"/>	

**Operator Information:**

OGCC Operator Number: 10311

Name of Operator: SYNERGY RESOURCES CORPORATION

Address: 20203 HIGHWAY 60

City: PLATTEVILLE State: CO Zip: 80651

- ☐ 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
Pennington, David		dpennington@syrinfo.com	All inspections

**Compliance Summary:**QtrQtr: SWSE Sec: 8 Twp: 4N Range: 67W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/22/2014	674100285	PR	PR	SATISFACTORY	P		No

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
424474	WELL	PR	04/21/2012	OW	123-34051	Klein 44-8D	PR	<input checked="" type="checkbox"/>
424476	WELL	PR	07/05/2012	OW	123-34052	Klein 8DD	PR	<input checked="" type="checkbox"/>
424477	WELL	PR	04/19/2012	OW	123-34053	Klein 34-8D	PR	<input checked="" type="checkbox"/>
424478	WELL	PR	04/20/2012	OW	123-34054	Klein 43-8D	PR	<input checked="" type="checkbox"/>
424479	WELL	PR	04/19/2012	OW	123-34055	Klein 33-8D	PR	<input checked="" type="checkbox"/>
424627	WELL	AL	10/31/2013	LO	123-34119	Klein 8SD	AL	<input type="checkbox"/>
424632	WELL	AL	10/31/2013	LO	123-34120	Klein 8OD	AL	<input type="checkbox"/>
424641	WELL	PR	07/05/2012	OW	123-34126	Klein 8PD	PR	<input checked="" type="checkbox"/>

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

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Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>8</u>	Production Pits: _____
Condensate Tanks: <u>8</u>	Water Tanks: <u>4</u>	Separators: <u>8</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>2</u>	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

### Location

<b>Signs/Marker:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY	x 6		
TANK LABELS/PLACARDS	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>Equipment:</b>					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	2	SATISFACTORY	ECD scrubbers at tanks		

<b>Facilities:</b>		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
CRUDE OIL		300 BBLS	STEEL AST
S/A/V:	SATISFACTORY	Comment:	
Corrective Action:			Corrective Date:

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

<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

<b>Facilities:</b>	<input type="checkbox"/> New Tank	Tank ID: _____
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Contents		#	Capacity	Type	SE GPS		
PRODUCED WATER			100 BBLS	PBV FIBERGLASS	,		
S/A/V:	SATISFACTORY		Comment:				
Corrective Action:						Corrective Date:	
<b>Paint</b>							
Condition	Adequate						
Other (Content) _____							
Other (Capacity) _____							
Other (Type) _____							
<b>Berms</b>							
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate			
Corrective Action						Corrective Date	
Comment							
<b>Venting:</b>							
Yes/No		Comment					
NO							
<b>Flaring:</b>							
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date			

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**Predrill**

Location ID: 424474

**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: 424474 Type: WELL API Number: 123-34051 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead is exposed at surface.

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

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

Facility ID: 424476 Type: WELL API Number: 123-34052 Status: PR Insp. Status: PR

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**Producing Well**

Comment: **PR**

**BradenHead**

Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 424477 Type: WELL API Number: 123-34053 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 424478 Type: WELL API Number: 123-34054 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 424479 Type: WELL API Number: 123-34055 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 424641 Type: WELL API Number: 123-34126 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

**Environmental**

**Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

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

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

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Reportable: _____	GPS: Lat _____	Long _____
Proximity to Surface Water: _____	Depth to Ground Water: _____	
<b>Water Well:</b>		
DWR Receipt Num: _____	Owner Name: _____	GPS : _____
<b>Field Parameters:</b>		
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: IRRIGATED	
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 _____
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? _____
<b>RESTORATION AND REVEGETATION</b>	
<u>Cropland</u>	
Top soil replaced _____	Recontoured _____
	Perennial forage re-established _____
<u>Non-Cropland</u>	
Top soil replaced _____	Recontoured _____
	80% Revegetation _____

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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: \_\_\_\_\_

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	Gravel	Pass			

S/A/V: SATISFACTOR  
Y \_\_\_\_\_

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

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

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

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