

**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:

09/02/2015

Document Number:

675202012

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>	2A Doc Num:
	334493	334493	CONKLIN, CURTIS		

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
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)
11/21/2014	675200796			SATISFACTORY			No
06/04/2014	675200033			SATISFACTORY			No

Inspector Comment:**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 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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

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: **800-891-6191**

Corrective Action: _____

Spills:

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

☐ Multiple Spills and Releases?**Fencing/:**

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

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 BBLS	STEEL AST	,
S/A/V: SATISFACTORY	Comment: _____			
Corrective Action: _____				Corrective Date: _____

Paint

Condition	Adequate
-----------	----------

Other (Content) _____

Other (Capacity) _____

Inspector Name: CONKLIN, CURTIS

Other (Type) _____				
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate
Corrective Action				Corrective Date
Comment				
Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	400 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 Sufficent	Base Sufficent	Adequate
Corrective Action				Corrective Date
Comment				
Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	400 BBLS	HEATED 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
Corrective Action				Corrective Date
Comment	Same			
Venting:				
Yes/No	Comment			

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 w/ plunger

Facility ID: 278832 Type: WELL API Number: 077-08929 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 278833	Type: WELL	API Number: 077-08928	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				
Facility ID: 279067	Type: WELL	API Number: 077-08918	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				
Facility ID: 280260	Type: WELL	API Number: 077-08951	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				
Facility ID: 288132	Type: WELL	API Number: 077-09195	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				
Facility ID: 288133	Type: WELL	API Number: 077-09194	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				
Facility ID: 288156	Type: WELL	API Number: 077-09190	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				
Facility ID: 288157	Type: WELL	API Number: 077-09191	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				
Facility ID: 288158	Type: WELL	API Number: 077-09192	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				
Facility ID: 288159	Type: WELL	API Number: 077-09193	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:

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 REVEGETATIONCropland

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
Compaction	Pass	Culverts	Pass			
Berms	Pass	Compaction	Pass			
Gradient Terraces	Pass	Gravel	Pass			
Gravel	Pass					
Seeding	Pass					

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT