

**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:
11/15/2015Document Number:
680700949Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	243070	319203	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
Rodriguez, Chris	(970) 366-2255	crodriguez@syrinfo.com	Workover/P&A inspections
Pennington, David		dpennington@syrinfo.com	All inspections

Compliance Summary:

QtrQtr:	SESE	Sec:	29	Twp:	1N	Range:	68W
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/13/2015	680700947	TA	PA	SATISFACTORY			No
11/12/2015	680700938	TA	PA	SATISFACTORY			No
11/10/2015	680700929	TA	PA	SATISFACTORY			No
11/09/2015	680700923	TA	PA	SATISFACTORY			No
05/07/2007	200123489	PR	PR	ACTION REQUIRED			Yes
10/18/2000	200011113	PR	SI	ACTION REQUIRED		Fail	Yes
08/22/1996	500166199	PR	ND				
08/22/1996	500166198	PR	SI			Fail	Yes

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
243070	WELL	TA	03/05/2013	GW	123-10861	PRATT 29-3	PA	<input checked="" type="checkbox"/>
418031	WELL	AL	12/28/2010	LO	123-31817	SRC Pratt 44-29D	AL	<input type="checkbox"/>
418033	WELL	PR	06/05/2011	OW	123-31819	SRC Pratt 34-29D	SI	<input checked="" type="checkbox"/>
418034	WELL	PR	07/05/2011	GW	123-31820	SRC Pratt 43-29D	SI	<input checked="" type="checkbox"/>
418035	WELL	PR	12/14/2012	GW	123-31821	SRC Pratt 29TD	SI	<input checked="" type="checkbox"/>

Inspector Name: Peterson, Tom

418036	WELL	PR	12/14/2012	GW	123-31822	SRC Pratt 29XD	SI	<input checked="" type="checkbox"/>
421226	WELL	PR	07/05/2011	OW	123-32857	SRC Pratt 29PD	SI	<input checked="" type="checkbox"/>
421239	WELL	PR	10/05/2011	OW	123-32862	SRC Pratt 33-29D	SI	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>7</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>3</u>	Separators: <u>6</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: <u>6</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>2</u>	Fuel Tanks: _____

Location**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
DRILLING/RECOMP	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	ACTION REQUIRED	Incorrect sign on Pratt 29PD wellhead.	Install sign to comply with rule 210.	12/31/2015
TANK LABELS/PLACARDS	SATISFACTORY			
OTHER	SATISFACTORY	Lease road entrance		

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

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

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK BATTERY	SATISFACTORY	Architectural steel		
WELLHEAD	SATISFACTORY	Architectural steel x 6		
SEPARATOR	SATISFACTORY	Architectural steel		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Gas Meter Run	3	SATISFACTORY	One multiple tube and two single tube meter runs.		
Emission Control Device	2	SATISFACTORY			

Inspector Name: Peterson, Tom

Pig Station	1	SATISFACTORY			
Bird Protectors	8	SATISFACTORY			
Plunger Lift	6	SATISFACTORY			
Horizontal Heated Separator	6	SATISFACTORY			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	200 BBLS	PBV FIBERGLASS	,

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
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
-------------------	--	-----------------	--

Comment	
---------	--

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	7	300 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
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
-------------------	--	-----------------	--

Comment	
---------	--

Venting:	
Yes/No	Comment
NO	

Inspector Name: Peterson, Tom

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

Predrill

Location ID: 243070

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: 243070 Type: WELL API Number: 123-10861 Status: TA Insp. Status: PA

Cement**Cement Contractor**Contractor Name: Bayou Well Service

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging OperationsDepth Plugs(feet range): 3293'Cement Volume (sx): 100 sxsGood Return During Job: YESCement Type: Class G Neat 15.8#

Comment: RIH with 2 7/8" tbg from derrick, SIW, RDMO BWS rig #14, MIRU BWS rig #23, RIH with 9 additional jts of 2 7/8" tbg, tag TOC @ 3310' KB, lay down 1 jt with EOT @ 3293' KB. MIRU Bayou Well Service cementers, establish circulation, mix and pump 100 sxs Class G Neat 15.8# cement, displace tbg with 17 bbls, RD cementers, POOH with tbg standing back. SIW, SDFN, will tag TOC tomorrow AM.

BradenHeadComment: Bradenhead is exposed at surface.

CA: _____

CA Date: _____

Facility ID: 418033 Type: WELL API Number: 123-31819 Status: PR Insp. Status: SI

Producing WellComment: PR Currently SI for Pratt 29-3 workover operations.**BradenHead**Comment: Bradenhead is exposed at surface.

CA: _____

CA Date: _____

Facility ID: 418034 Type: WELL API Number: 123-31820 Status: PR Insp. Status: SI

Producing WellComment: PR Currently SI for Pratt 29-3 workover operations.**BradenHead**Comment: Bradenhead is exposed at surface.

CA: _____

CA Date: _____

Facility ID: 418035 Type: WELL API Number: 123-31821 Status: PR Insp. Status: SI

Producing WellComment: PR Currently SI for Pratt 29-3 workover operations.

Inspector Name: Peterson, Tom

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 418036 Type: WELL API Number: 123-31822 Status: PR Insp. Status: SI

Producing Well

Comment: PR Currently SI for Pratt 29-3 workover operations.

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 421226 Type: WELL API Number: 123-32857 Status: PR Insp. Status: SI

Producing Well

Comment: PR Currently SI for Pratt 29-3 workover operations.

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 421239 Type: WELL API Number: 123-32862 Status: PR Insp. Status: SI

Producing Well

Comment: PR Currently SI for Pratt 29-3 workover operations.

BradenHead

Comment: Bradenhead is exposed at surface.

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:

Emission Control Burner (ECB): Y

Comment: Wells are currently SI for Pratt 29-3 workover.

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

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: Date Interim Reclamation Completed:

Land Use: DRY LAND

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?

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: DRY LAND, RESIDENTIAL

Reminder:

Comment:

Well plugged Pit mouse/rat holes, cellars backfilled

Debris removed No disturbance /Location never built

Inspector Name: Peterson, Tom

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
		Other	Pass			Recycled asphalt
		Other	Pass			Vehicle tracking pad
Gravel	Pass	Gravel	Pass			

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: _____
CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT