

**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

Inspection Date:

05/03/2016

Document Number:

674702673

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335652	335652	LONGWORTH, MIKE	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10456Name of Operator: CAERUS PICEANCE LLCAddress: 1001 17TH STREET #1600City: 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
Noto, John		john.noto@state.co.us	
Janicek, Jake		JJanicek@caerusoilandgas.com	
Elsener, Garrett		garrett@caerusoilandgas.com	
McKee, Michael		MMckee@caerusoilandgas.com	EHS Engineer

Compliance Summary:QtrQtr: SENE Sec: 7 Twp: 6S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/21/2015	674701749			SATISFACTORY			No
01/28/2015	674700917			SATISFACTORY			No
06/26/2014	663903374			SATISFACTORY			No
04/23/2014	671000034			SATISFACTORY			No
05/29/2013	663801062			SATISFACTORY	I		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
265443	WELL	PR	05/01/2012	GW	045-09015	CHEVRON 32-7D	PR	<input checked="" type="checkbox"/>
265530	WELL	PR	05/01/2012	GW	045-09026	CHEVRON 42-7D	PR	<input checked="" type="checkbox"/>
265531	WELL	PR	05/01/2012	GW	045-09025	CHEVRON 43-7D	PR	<input checked="" type="checkbox"/>
265532	WELL	PR	05/01/2012	GW	045-09024	CHEVRON 31-7D	PR	<input checked="" type="checkbox"/>
265533	WELL	PR	05/01/2012	GW	045-09023	CHEVRON 41-7D	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

265534	WELL	PR	07/26/2013	GW	045-09022	CHEVRON 33-7D	PR	<input checked="" type="checkbox"/>
288551	WELL	PR	09/28/2007	GW	045-13296	CHEVRON 41A-7D	PR	<input checked="" type="checkbox"/>
289254	WELL	PR	01/31/2011	GW	045-13708	CHEVRON 41C-7D	PR	<input checked="" type="checkbox"/>
289376	WELL	PR	09/28/2007	GW	045-13738	CHEVRON 41D-7D	PR	<input checked="" type="checkbox"/>
289422	WELL	PR	09/28/2007	GW	045-13759	CHEVRON 42A-7D	PR	<input checked="" type="checkbox"/>
289423	WELL	PR	10/01/2011	GW	045-13758	CHEVRON 31B-7D	PR	<input checked="" type="checkbox"/>
289424	WELL	PR	09/28/2007	GW	045-13757	CHEVRON 43B-7D	PR	<input checked="" type="checkbox"/>
289425	WELL	PR	09/28/2007	GW	045-13756	CHEVRON 43D-7D	PR	<input checked="" type="checkbox"/>
289426	WELL	PR	09/28/2007	GW	045-13755	CHEVRON 43A-7D	PR	<input checked="" type="checkbox"/>
289699	WELL	PR	09/28/2007	GW	045-13851	CHEVRON 42D-7D	PR	<input checked="" type="checkbox"/>
289700	WELL	PR	09/28/2007	GW	045-13850	CHEVRON 31D-7D	PR	<input checked="" type="checkbox"/>
335666	LOCATION	AC	01/31/2011		-	CHEVRON-66S96W 7SENE	AC	<input type="checkbox"/>
435779	NONFACILIT Y	CL	03/25/2015		-	Chevron 31B-7D 435779	CL	<input 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			
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Inspector Name: LONGWORTH, MIKE

Corrective Action:

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WEEDS	SATISFACTORY			
TRASH	SATISFACTORY			

Spills:

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

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

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK BATTERY	SATISFACTORY			
SEPARATOR	SATISFACTORY			

Equipment:

Type: Plunger Lift	# 16	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Bird Protectors	# 8	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	Chemical container at wells.		
Corrective Action			Date:
Type: Horizontal Heated Separator	# 16	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY	Comment:	Air id 045-0810-001	
Corrective Action:				Corrective Date:

Paint

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

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
------	----------	---------------------	---------------------	-------------

Inspector Name: LONGWORTH, MIKE

Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Corrective Action					Corrective Date
Comment	Tank battery north side of location.				
Facilities: <input type="checkbox"/> New Tank Tank ID: _____					
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	1	300 BBLS	STEEL AST	,	
S/AR	SATISFACTORY		Comment: Air id 045-1839-001		
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	South side tank battery.			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST	,
S/AR	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	Tank battery north side of location.			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment: Air id 045-1839-002	
Corrective Action:				Corrective Date:

Paint

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

Other (Content) _____

Inspector Name: LONGWORTH, MIKE

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

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

Comment	South side tank battery
---------	-------------------------

Venting:

Yes/No	NO
--------	----

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

Flaring:

Type		Satisfactory/Action Required	
------	--	------------------------------	--

Comment:	
----------	--

Corrective Action:		Correct Action Date:	
--------------------	--	----------------------	--

Predrill

Location ID: 335652

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

Wildlife BMPs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

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: 265443 Type: WELL API Number: 045-09015 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 265530 Type: WELL API Number: 045-09026 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 265531 Type: WELL API Number: 045-09025 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 265532 Type: WELL API Number: 045-09024 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**Facility ID: 265533 Type: WELL API Number: 045-09023 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 265534 Type: WELL API Number: 045-09022 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 288551 Type: WELL API Number: 045-13296 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 289254 Type: WELL API Number: 045-13708 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 289376 Type: WELL API Number: 045-13738 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 289422 Type: WELL API Number: 045-13759 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 289423 Type: WELL API Number: 045-13758 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 289424 Type: WELL API Number: 045-13757 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 289425 Type: WELL API Number: 045-13756 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 289426 Type: WELL API Number: 045-13755 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 289699 Type: WELL API Number: 045-13851 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**

Facility ID: 289700 Type: WELL API Number: 045-13850 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

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. Waste and Debris removed? 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 marked? Pass

CM

CA

CA Date

1003b. Area no longer in use?

Production areas stabilized ?

Inspector Name: LONGWORTH, MIKE

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: _____

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
Berms	Pass					
Compaction	Pass					
		Compaction	Pass			
				MHSP	Pass	
		Culverts	Pass			
		Ditches	Pass			
Gravel	Pass					
Seeding	Pass					

Inspector Name: LONGWORTH, MIKE

Ditches	Pass				
		Gravel	Pass		

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

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT