

**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:

05/12/2016

Document Number:

673901634

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	243544	319480	MONTOYA, JOHN	<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	ALL INSPECTIONS

Compliance Summary:QtrQtr: NENE Sec: 26 Twp: 3N Range: 64W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/28/2006	200095520	PR	PR	SATISFACTORY		Pass	No
04/18/2003	200037736	PR	PR	SATISFACTORY		Pass	No
06/12/2002	200027389	PR	PR	SATISFACTORY		Pass	No
08/24/2001	200020138	CO	PR	SATISFACTORY		Pass	No
02/03/1995	500166954	PR	PR				

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
106125	PIT	CL	07/01/1997		-	Heyde 1-26	CL	<input type="checkbox"/>
243544	WELL	PR	08/01/2008	OW	123-11336	HEYDE 1-26	PR	<input checked="" type="checkbox"/>
419424	WELL	PR	10/31/2011	OW	123-32245	Heyde 26RD	PR	<input checked="" type="checkbox"/>
419426	WELL	PR	11/30/2011	OW	123-32246	Heyde 26VD	PR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: MONTOYA, JOHN

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>3</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>3</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>2</u>	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
BATTERY	SATISFACTORY			
CONTAINERS	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK BATTERY	SATISFACTORY	SE CORNERN40.12085 W-104.30732		
WELLHEAD	SATISFACTORY	1 1/2" PIPE FENCESE CORNERN40.12085 W-104.30732		
IGNITOR/COMBUST OR	SATISFACTORY	SE CORNERN40.12085 W-104.30732		
SEPARATOR	SATISFACTORY	SE CORNERN40.12085 W-104.30732		

Equipment:			
Type: Plunger Lift	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Gas Meter Run	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Bird Protectors	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Horizontal Heated Separator	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
PRODUCED WATER	1	100 BBLS	PBV FIBERGLASS
S/AR	SATISFACTORY		
Comment:			
Corrective Action:			Corrective Date:

Paint

Condition	Adequate
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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:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
CRUDE OIL	1	400 BBLS	STEEL AST
S/AR	SATISFACTORY		
Comment:			
Corrective Action:			Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Inspector Name: MONTOYA, JOHN

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	NO
Comment	

Flaring:

Type	Ignitor/Combustor	Satisfactory/Action Required	SATISFACTORY
Comment:			
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 243544

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: 243544 Type: WELL API Number: 123-11336 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: BRADENHEAD PLUMBED UP TO SURFACE

CA: _____

CA Date: _____

Facility ID: 419424 Type: WELL API Number: 123-32245 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHeadComment: **BRADENHEAD PLUMBED TO SURFACE**

CA: _____

CA Date: _____

Facility ID: 419426 Type: WELL API Number: 123-32246 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**Comment: **BRADENHEAD PLUMBED TO 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): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

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

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: RANGELAND

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

Inspector Name: MONTOYA, JOHN

CM _____

CA _____ CA Date _____

Guy line anchors marked? _____

CM _____

CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

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: RANGELAND

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			

Inspector Name: MONTOYA, JOHN

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

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
INTERMITTER CONTROLLER ON 3 WELLHEADS	montoyaj	05/12/2016