

**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:

06/20/2016

Document Number:

673902065

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |  |
|---------------------|-------------|--------|-----------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection                         |
|                     | 268582      | 336455 | MONTOYA, JOHN   | <input type="checkbox"/> 2A Doc Num: _____ |

**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: SESE Sec: 20 Twp: 2N Range: 66W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 06/04/2012 | 656500261 | PR         | PR          | SATISFACTORY                  | P        |                | No              |
| 01/12/2011 | 200291405 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 01/04/2005 | 200065625 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 07/17/2003 | 200041736 | DG         | DG          | SATISFACTORY                  |          | Pass           | No              |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name     | Insp Status                            |
|-------------|------|--------|-------------|------------|-----------|-------------------|--|
| 118084      | PIT  |        | 09/23/1999  |            | -         | JAMES DAMIANA 1   | <input type="checkbox"/>               |
| 240045      | WELL | PR     | 10/09/1973  | OW         | 123-07833 | JAMES A DAMIANA 1 | PR <input type="checkbox"/>            |
| 261126      | WELL | AL     | 05/07/2003  | LO         | 123-20568 | HSR-DAMIANA 16-20 | AL <input type="checkbox"/>            |
| 268582      | WELL | PR     | 09/15/2003  | GW         | 123-21582 | SUCCO 44-20       | 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 Motors: _____ | 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 |
|------|------------------------------|---------|-------------------|------|
| Main | SATISFACTORY                 |         |                   |      |

**Signs/Marker:**

| Type                 | Satisfactory/Action Required | Comment                                  | Corrective Action | CA Date |
|----------------------|------------------------------|--|-------------------|---------|
| BATTERY              | SATISFACTORY                 |  |                   |         |
| CONTAINERS           | SATISFACTORY                 |  |                   |         |
| TANK LABELS/PLACARDS | SATISFACTORY                 |  |                   |         |
| WELLHEAD             | SATISFACTORY                 | SE<br>CORNERN<br>40.07065W-<br>104.47634 |                   |         |

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 |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

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

| Type         | Satisfactory/Action Required | Comment        | Corrective Action | CA Date |
|--------------|------------------------------|----------------|-------------------|---------|
| TANK BATTERY | SATISFACTORY                 | BARBWIRE FENCE |                   |         |

**Equipment:**

|                                   |     |                               |              |
|-----------------------------------|-----|-------------------------------|--------------|
| Type: Plunger Lift                | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           |     |                               |              |
| Corrective Action                 |     |                               | Date:        |
| Type: Gas Meter Run               | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           |     |                               |              |
| Corrective Action                 |     |                               | Date:        |
| Type: Horizontal Heated Separator | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           |     |                               |              |
| Corrective Action                 |     |                               | Date:        |
| Type: Bird Protectors             | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           |     |                               |              |
| Corrective Action                 |     |                               | Date:        |

|                        |              |                                   |                     |                       |  |
|------------------------|--------------|-----------------------------------|---------------------|-----------------------|--|
| <b>Facilities:</b>     |              | <input type="checkbox"/> New Tank |                     | Tank ID: _____        |  |
| Contents               | #            | Capacity                          | Type                | SE GPS                |  |
| PRODUCED WATER         | 1            | 100 BBLS                          | PBV FIBERGLASS      | ,                     |  |
| S/AR                   | 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           |  |
| Earth                  | Adequate     | Walls Sufficient                  | Base Sufficient     | Adequate              |  |
| Corrective Action      |              |                                   |                     | Corrective Date       |  |
| Comment                |              |                                   |                     |                       |  |
| <b>Facilities:</b>     |              | <input type="checkbox"/> New Tank |                     | Tank ID: _____        |  |
| Contents               | #            | Capacity                          | Type                | SE GPS                |  |
| CRUDE OIL              | 1            | 300 BBLS                          | STEEL AST           | 40.070650,-104.476340 |  |
| S/AR                   | 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           |  |
| Earth                  | Adequate     | Walls Sufficient                  | Base Sufficient     | Adequate              |  |
| Corrective Action      |              |                                   |                     | Corrective Date       |  |
| Comment                |              |                                   |                     |                       |  |
| <b><u>Venting:</u></b> |              |                                   |                     |                       |  |
| Yes/No                 | NO           |                                   |                     |                       |  |
| Comment                |              |                                   |                     |                       |  |
| <b><u>Flaring:</u></b> |              |                                   |                     |                       |  |
| Type                   |              | Satisfactory/Action Required      |                     |                       |  |
| Comment:               |              |                                   |                     |                       |  |
| Corrective Action:     |              |                                   |                     | Correct Action Date:  |  |

**Predrill**

Location ID: 268582

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: 268582 Type: WELL API Number: 123-21582 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: BRADENHEAD PLUMBED TO SURFACE

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

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

**Environmental****Spills/Releases:**

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

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

Inspector Name: MONTOYA, JOHN

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: \_\_\_\_\_

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? \_\_\_\_\_

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**

Inspector Name: MONTOYA, JOHN

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |
| Berms            | Pass            |                         |                       |               |                          |         |

S/A/V: SATISFACTOR  
Y

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

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

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

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

**COGCC Comments**

| Comment                            | User     | Date       |
|------------------------------------|----------|------------|
| INTERMITTER CONTROLLER ON WELLHEAD | montoyaj | 06/20/2016 |