

**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:

07/12/2016

Document Number:

674103442

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 437016      | 437015 | Rickard, Jeff   | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 10439Name of Operator: CARRIZO NIOBRARA LLCAddress: 500 DALLAS STREET #2300City: HOUSTON State: TX Zip: 77002

- ☐ 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 |
|-----------------|--------------|-------------------------|---------|
| Lowery, Sheldon | 713-358-6492 | sheldon.lowery@crzo.net |         |

**Compliance Summary:**QtrQtr: SWSE Sec: 26 Twp: 8N Range: 60W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 08/25/2015 | 673901066 | XX         | ND          | <b>ACTION REQUIRED</b>        |          |                | No              |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name        | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|----------------------|-------------|-------------------------------------|
| 437012      | WELL | XX     | 05/03/2014  | LO         | 123-39369 | Hemberger 10-26-8-60 | XX          | <input checked="" type="checkbox"/> |
| 437016      | WELL | XX     | 05/03/2014  | LO         | 123-39371 | Hemberger 7-26-8-60  | XX          | <input checked="" type="checkbox"/> |
| 437018      | WELL | XX     | 05/03/2014  | LO         | 123-39373 | Hemberger 9-26-8-60  | XX          | <input checked="" type="checkbox"/> |
| 437019      | WELL | XX     | 05/03/2014  | LO         | 123-39374 | Hemberger 8-26-8-60  | XX          | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

|                                |                         |                      |                         |
|--------------------------------|-------------------------|----------------------|-------------------------|
| Special Purpose Pits: _____    | Drilling Pits: _____    | Wells: <u>4</u>      | Production Pits: _____  |
| Condensate Tanks: _____        | Water Tanks: <u>4</u>   | Separators: <u>6</u> | Electric Motors: _____  |
| Gas or Diesel Motors: <u>4</u> | Cavity Pumps: _____     | LACT Unit: _____     | Pump Jacks: <u>4</u>    |
| Electric Generators: _____     | Gas Pipeline: _____     | Oil Pipeline: _____  | Water Pipeline: _____   |
| Gas Compressors: _____         | VOC Combustor: <u>1</u> | Oil Tanks: <u>12</u> | Dehydrator Units: _____ |
| Multi-Well Pits: _____         | Pigging Station: _____  | Flare: <u>1</u>      | Fuel Tanks: _____       |

**Location**

Inspector Name: Rickard, Jeff

| <b><u>Lease Road:</u></b> |                              |         |                   |      |
|---------------------------|------------------------------|---------|-------------------|------|
| Type                      | Satisfactory/Action Required | comment | Corrective Action | Date |
|                           |                              |         |                   |      |

| <b><u>Signs/Marker:</u></b> |                              |         |                   |         |
|-----------------------------|------------------------------|---------|-------------------|---------|
| Type                        | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                             |                              |         |                   |         |

Emergency Contact Number (S/AR): \_\_\_\_\_ Corrective Date: \_\_\_\_\_

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

Corrective Action: \_\_\_\_\_

| <b><u>Good Housekeeping:</u></b> |                              |         |                   |         |
|----------------------------------|------------------------------|---------|-------------------|---------|
| Type                             | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                                  |                              |         |                   |         |

| <b><u>Spills:</u></b> |      |        |                   |         |
|-----------------------|------|--------|-------------------|---------|
| Type                  | Area | Volume | Corrective action | CA Date |
|                       |      |        |                   |         |

☐ Multiple Spills and Releases?

| <b><u>Fencing/:</u></b> |                              |         |                   |         |
|-------------------------|------------------------------|---------|-------------------|---------|
| Type                    | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                         |                              |         |                   |         |

| <b><u>Equipment:</u></b> |   |                               |  |       |
|--------------------------|---|-------------------------------|--|-------|
| Type:                    | # | Satisfactory/Action Required: |  |       |
| Comment                  |   |                               |  |       |
| Corrective Action        |   |                               |  | Date: |

| <b><u>Venting:</u></b> |  |
|------------------------|--|
| Yes/No                 |  |
| Comment                |  |

| <b><u>Flaring:</u></b> |  |                              |  |
|------------------------|--|------------------------------|--|
| Type                   |  | Satisfactory/Action Required |  |
| Comment:               |  |                              |  |
| Corrective Action:     |  | Correct Action Date:         |  |

**Predrill**

Location ID: 437016

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

**S/AR:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/AR:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:**

| BMP Type                               | Comment   |
|--|---|
| Material Handling and Spill Prevention | Operator will ensure 110 percent secondary containment for any volume of fluids contained at the well site during drilling and completion. Oeptror will implement best management practices to contain any unintentionl release of fluids. Operator shall not allow any fluids to flow back tot he Fresh Water Storage Pit/Pond.                          |
| Drilling/Completion Operations         | Operator will implement interim relcamation measures immediately after construction of the location to stabilize cut and fill slopes, stabilize the topsoil and spoil stockpiles, establish desirable vegetation and control weeds on the location. An Open Hole Resistivity log will be provided for one well on this pad, preferably the number 8 well. |
| Storm Water/Erosion Control            | Operator has designed the well pad with insloping and a storm water control ditch to prevent storm water run-on/run-off and the release of fluids from the location. See attached Construction Layout Drawing.  |
| Construction                           | The construction location will be fenced.   |

**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: 437012 Type: WELL API Number: 123-39369 Status: XX Insp. Status: XX

Inspector Name: Rickard, Jeff

Facility ID: 437016 Type: WELL API Number: 123-39371 Status: XX Insp. Status: XX

Facility ID: 437018 Type: WELL API Number: 123-39373 Status: XX Insp. Status: XX

Facility ID: 437019 Type: WELL API Number: 123-39374 Status: XX Insp. Status: XX

### 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): N

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?

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 marked?

CM  
CA CA Date

Inspector Name: Rickard, Jeff

- 1003b. Area no longer in use? \_\_\_\_\_ Production areas stabilized ? Pass
- 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: 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            |                         |                       |               |                          |         |

S/A/V: SATISFACTOR Corrective Date: \_\_\_\_\_

Y

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

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

Pits: ☐ NO SURFACE INDICATION OF PIT

#### COGCC Comments

| Comment  | User     | Date       |
|--|----------|------------|
| Wells have not been drilled. The location has been constructed, conductor pipe has been set, and the battery is partially constructed. There is a sign at the entrance of the location. No well sign needed currently as no wells have been drilled. The battery is not fully constructed and therefore does not currently require label and placarding. Corrective actions from last inspection have been performed. Weed control on location is ongoing. | rickardj | 07/12/2016 |