

**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:

08/24/2016

Document Number:

673403543

Overall Inspection:

SATISFACTORY w/ CMT
or AR**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|-----------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection |
| | 222309 | 312771 | Waldron, Emily | <input type="checkbox"/> 2A Doc Num: _____ |

Operator Information:OGCC Operator Number: 10428Name of Operator: DIVERSIFIED ENERGY LLCAddress: 10940 S PARKER ROADCity: PARKER State: CO Zip: 80134

- ☒ 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 |
|----------------|--------------|---------------------------|---------|
| Haack, Jason | 303-995-0826 | jhaack@oagproduction.com | |
| Ikenouye, Teri | | teri.ikenouye@state.co.us | |

Compliance Summary:QtrQtr: NWSW Sec: 13 Twp: 5N Range: 96W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|------------|----------------|-----------------|
| 09/02/2015 | 673402427 | PR | SI | ACTION REQUIRED | | | No |
| 07/20/2015 | 673402259 | PR | PR | ACTION REQUIRED | | | No |
| 01/27/2014 | 673400225 | PR | PR | ACTION REQUIRED | Fail | | No |
| 11/19/2013 | 673400123 | PR | PR | ACTION REQUIRED | Fail | | No |
| 05/10/2012 | 668500044 | PR | TA | ALLEGED VIOLATION | In Process | | Yes |
| 06/27/2011 | 200323461 | PR | SI | ACTION REQUIRED | | | Yes |
| 10/03/2006 | 200103242 | ID | SI | SATISFACTORY | | Pass | No |
| 02/22/1999 | 500154448 | ID | SI | | | Pass | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------------------|--------|-------------|------------|-----------|---------------------|--|
| 116613 | PIT | | 09/23/1999 | | - | A.P. URIE | <input type="checkbox"/> |
| 222309 | WELL | PR | 11/01/2014 | OW | 081-05284 | A.P. URIE 1 | SI <input checked="" type="checkbox"/> |
| 442574 | SPILL OR RELEASE | CL | 07/21/2015 | | - | SPILL/RELEASE POINT | CL <input type="checkbox"/> |

Equipment:Location Inventory

Inspector Name: Waldron, Emily

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

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|---------|-------------------|---------|
| WELLHEAD | SATISFACTORY | | | |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-------|------------------------------|---|--|------------|
| WEEDS | ACTION REQUIRED | Noxious weeds on location. Noxious and annual weeds within 25 feet of wellhead. | Comply with Rule 603.f using the Rule 603.f guidance document for further details. | 09/05/2016 |

Spills:

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

☐ Multiple Spills and Releases?

Equipment:

| | | | |
|--------------------------|-----|-------------------------------|--------------|
| Type: Deadman # & Marked | # | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: |
| Type: Pump Jack | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: |

Venting:

| | |
|---------|----|
| Yes/No | NO |
| Comment | |

Flaring:

| | |
|--------------------|------------------------------|
| Type | Satisfactory/Action Required |
| Comment: | |
| Corrective Action: | Correct Action Date: |

Predrill

Location ID: 222309

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: 222309 Type: WELL API Number: 081-05284 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: PRODUCTION RECORDS

S/A/V: _____ CA Date: _____

CA: Contact COGCC production staff to submit Monthly Operations Report to comply with rule 309.

Comment: No production reported since May 2015.

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Date: _____

Inspector Name: Waldron, Emily

| | | |
|--|--|--|
| Corrective Action: _____ | | |
| Reportable: _____ | GPS: Lat _____ | Long _____ |
| Proximity to Surface Water: _____ | | Depth to Ground Water: _____ |
| <u>Water Well:</u> | | |
| DWR Receipt Num: _____ | Owner Name: _____ | GPS : _____ |
| <u>Field Parameters:</u> | | |
| Sample Location: _____ | | |
| Emission Control Burner (ECB): _____ | | |
| Comment: _____ | | |
| Pilot: _____ | Wildlife Protection Devices (fired vessels): _____ | |
| <u>Reclamation - Storm Water - Pit</u> | | |
| <u>Interim Reclamation:</u> | | |
| Date Interim Reclamation Started: _____ | | Date Interim Reclamation Completed: _____ |
| Land Use: _____ | | |
| 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 _____ |
| 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 REVEGETATION | | |
| <u>Cropland</u> | | |
| Top soil replaced _____ | Recontoured _____ | Perennial forage re-established _____ |
| <u>Non-Cropland</u> | | |

Inspector Name: Waldron, Emily

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

S/A/V: SATISFACTORY Corrective Date: _____

Comment: No apparent soil migration; erosion or soil movement.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

COGCC Comments

| Comment | User | Date |
|--|---------|------------|
| Follow up to inspection from 9/2/2015 document number 673402427. Tank mentioned in previous inspections has been removed. Berm has been leveled. No stormwater BMPs were observed during this inspection, but no soil migration was observed. This report is Action Required due to weeds and the need to submit monthly operations reports. | waldron | 08/24/2016 |

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|-------------------|---|
| 673403547 | Inspection Photos | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3936730 |