

**FORM  
INSP**Rev  
X/15**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:

10/26/2016

Submitted Date:

10/26/2016

Document Number:

674703265**FIELD INSPECTION FORM**
 Loc ID 441653 Inspector Name: LONGWORTH, MIKE On-Site Inspection ☐ 2A Doc Num:                     
**Operator Information:**OGCC Operator Number: 10456Name of Operator: CAERUS PICEANCE LLCAddress: 1001 17TH STREET #1600City: DENVER State: CO Zip: 80202**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

**Findings:**1 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
McKee, Michael		MMckee@caerusoilandgas.com	
Janicek, Jake		JJanicek@caerusoilandgas.com	
Elsener, Garrett		garrett@caerusoilandgas.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
441658	WELL	WO	08/03/2015	LO	045-22864	Puckett 11C-1	WK

**General Comment:**

**Location**Overall Good: ☒**Signs/Marker:**

Type	DRILLING/RECOMP		
Comment:			
Corrective Action:		Date:	

**Emergency Contact Number:**

Comment:

Corrective Action:  Date:

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Inspected Facilities**Facility ID: 441658 Type: WELL API Number: 045-22864 Status: WO Insp. Status: WK**Well Stimulation**Stimulation Company: TOPSStimulation Type: HYDRAULIC FRAC**Observation:**

Other: \_\_\_\_\_

Maximum Casing Recorded: 8295 PSI

Tubing: \_\_\_\_\_

Surface: \_\_\_\_\_

Intermediate: \_\_\_\_\_

Production: \_\_\_\_\_

Instantaneous Shut-In Pressure (ISIP) \_\_\_\_\_

Bradenhead Psi: 5

Frac Flow Back: Fluid: \_\_\_\_\_ Gas: \_\_\_\_\_

Comment: Stage 3

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

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

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

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass					
		Ditches	Pass			
Gravel	Pass					
Compaction	Pass					
		Culverts	Pass			

Comment:

Corrective Action:

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

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

Permit:	Facility ID	Permit Num	Expiration Date
	414554	1631029	
	414554	1631029	