FORM INSP	State of Colorado		Inspection Date:
Rev X/15	**Oil and Gas Conservation Commission**	DNR CO	10/28/2016

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

FIELD INSPECTION FORM

Inspection Date: 10/28/2016
Submitted Date: 10/28/2016
Document Number: 674703279

Loc ID	Inspector Name:	On-Site Inspection ☐
335512	LONGWORTH, MIKE	2A Doc Num:

Operator Information:

OGCC Operator Number: 10456

Name of Operator: CAERUS PICEANCE LLC

Address: 1001 17TH STREET #1600

City: DENVER   State: CO   Zip: 80202

Status Summary:

☐ THIS IS A FOLLOW UP INSPECTION

☐ FOLLOW UP INSPECTION REQUIRED

☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:

2 Number of Comments

0 Number of Corrective Actions

☐ Corrective Action Response Requested

Contact Information:

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

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
293061	WELL	DG	10/24/2016	LO	045-14858	Puckett 33A-23	DG

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			

In Containment: No

Comment:

☐ Multilple Spills and Releases?

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspector Name: LONGWORTH, MIKE

Location Construction

Location ID: _____293061_____

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____ CDP: _____

Comment: _____

Corrective Action: _____ Date: _____

Form 2A COAs:

Comment: | Consistantly receiving Activity notices through Form 42. |

Corrective Action: _____ **Date:** _____

Wildlife BMPs:

Comment: | |

Corrective Action: _____ **Date:** _____

Comment: | |

Corrective Action: | | **Date:** _____

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:

| |

Inspected Facilities					
Facility ID: 293061	Type: WELL	API Number: 045-14858	Status: DG		Insp. Status: DG

Well Drilling

Rig: Rig Name: H&P 330   Pusher/Rig Manager: George Urban

Permit Posted: _____   Access Sign: _____

Well Control Equipment:

Pipe Ram: _____   Blind Ram: _____   Hydril Type: _____

Pressure Test BOP: _____   Test Pressure PSI: _____   Safety Plan:
                                                                    YES

Drill Fluids Management:

Lined Pit: _____   Unlined Pit: _____   Closed Loop: YES   Semi-Closed Loop: _____

Multi-Well: YES   Disposal Location: _____

Comment: Running back in hole from bit trip. @ 5500' drilling production hole

Corrective Action: _____   Date: