

**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:

01/13/2017

Submitted Date:

01/13/2017

Document Number:

674703529**FIELD INSPECTION FORM**
 Loc ID 324425 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:**3 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

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

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
292492	WELL	SI	06/15/2015	GW	045-14738	Chevron 22D-17	SI

**General Comment:**

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:	Snow, wet, slushy road		
Corrective Action	L	Date:	

Overall Good: ☒

<b>Signs/Marker:</b>			
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 866-580-9382

Corrective Action:

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

Overall Good: ☒

<b>Spills:</b>				
Type	Area	Volume		

In Containment: No

Comment:

☐ Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	TANK BATTERY		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	SEPARATOR		
Comment:			
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:		Date:	

Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS	
CONDENSATE	1	300 BBLs	STEEL AST		,	
Comment:						
Corrective Action:						Date:

**Paint**

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment:					
Corrective Action:					Date:

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:			Date:

**Flaring:**

Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities									
Facility ID:	292492	Type:	WELL	API Number:	045-14738	Status:	SI	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned      Reminder: _____									
Comment: <input type="text" value="4/13/15 MIT Form 21 doc # 400826102"/>									
Corrective Action: <input type="text"/> 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					
Check Dams	Pass					
Seeding	Pass					
Compaction	Pass					
Ditches	Pass					

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT