

**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:

03/02/2017

Submitted Date:

03/02/2017

Document Number:

674703692**FIELD INSPECTION FORM**
 Loc ID 416157 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:2 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

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

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
448166	WELL	XX	10/23/2016		045-23355	Puckett 33C-26-697	DG

General Comment:

LocationOverall Good: ☒

Emergency Contact Number:

Comment: Corrective Action: Date: Overall Good: ☒**Spills:**

Type	Area	Volume			

In Containment: No

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

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Location Construction

Location ID: 416157 CDP: _____

Comment: _____

Corrective Action: _____

Date: _____

Form 2A COAs:

Comment: Notices are being received

Corrective Action: _____

Date: _____

Wildlife BMPs:

Comment: Stormwater bmps are in place. No pit on location, using closed loop system.

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 FacilitiesFacility ID: 448166 Type: WELL API Number: 045-23355 Status: XX Insp. Status: DG**Well Drilling**

Rig: Rig Name: H&P 330 Pusher/Rig Manager: Whitey
Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydri 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: _____ Disposal Location: _____

Comment: _____

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
				Material Handling And Spill Prevention	Pass	
Compaction	Pass					
		Culverts	Pass			
		Ditches	Pass			
Gravel	Pass					
		Compaction	Pass			
				Covering Materials	Pass	

Comment: Corrective Action: Date: **Pits:** ☒ NO SURFACE INDICATION OF PIT