

**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:

03/07/2017

Submitted Date:

03/09/2017

Document Number:

667601532**FIELD INSPECTION FORM**

Loc ID 320332 Inspector Name: Kraich, Adam On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10454Name of Operator: PETROSHARE CORPORATIONAddress: 9635 MAROON CIRCLE #400City: ENGLEWOOD State: CO Zip: 80112**Status Summary:**

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

Findings:13 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

| Contact Name | Phone | Email | Comment |
|----------------|----------------|-----------------------------|--------------------|
| Lloyd, Bill | | blloyd@petrosharecorp.com | Operations Manager |
| Witsell, Fred | 303-500-1168 | fwitsell@petrosharecorp.com | |
| Powell, Harold | (918)-774-3120 | hpowell@petrosharecorp.com | Field Op Manager |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------|
| 203466 | WELL | PR | 11/01/2014 | GW | 001-09025 | SELTZER G U 2-4 | PR |

General Comment:

LocationOverall Good: ☒

| | | | |
|----------------------|---|-------|--|
| Signs/Marker: | | | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | Adequate. | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | Signage still reflects PDC ownership, spoke with operator who has signs ordered but is waiting on completion. | | |
| Corrective Action: | | Date: | |
| Type | BATTERY | | |
| Comment: | Adequate. | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment: Signage still reflects PDC ownership, spoke with operator who has signs ordered but is waiting on completion.

Corrective Action:

Date:

Overall Good: ☒

| | | | |
|----------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

| | | | |
|--------------------|--------------|-------|--|
| Fencing/: | | | |
| Type | SEPARATOR | | |
| Comment: | Chainlink. | | |
| Corrective Action: | | Date: | |
| Type | TANK BATTERY | | |
| Comment: | Chainlink. | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | Chainlink. | | |
| Corrective Action: | | Date: | |

| | | | |
|-----------------------------------|--|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Bird Protectors | # 1 | | |
| Comment: | Avian protection on separator exhaust. | | |
| Corrective Action: | | Date: | |
| Type: Horizontal Heated Separator | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Plunger Lift | # 1 | | |

| | | | |
|--------------------|------------------------------|-------|--|
| Comment: | Solar/battery valve control. | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| | | | | | | |
|--------------------|-----------|----------|-----------|---------|--------|-------|
| Contents | # | Capacity | Type | Tank ID | SE GPS | |
| CRUDE OIL | 1 | 200 BBLS | STEEL AST | | , | |
| Comment: | Adequate. | | | | | |
| Corrective Action: | | | | | | Date: |

Paint

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

Berms

| | | | | | |
|--------------------|----------|---------------------|---------------------|-------------|-------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| Earth | Adequate | Walls Sufficent | Base Sufficent | Adequate | |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Venting:

| | | | |
|--------------------|-------|--|--|
| Yes/No | | | |
| Comment: | | | |
| Corrective Action: | Date: | | |

Flaring:

| | | |
|--------------------|--|-------|
| Type | | |
| Comment: | | |
| Corrective Action: | | Date: |

| Inspected Facilities | | | | | | | | | |
|----------------------|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 203466 | Type: | WELL | API Number: | 001-09025 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | | PR | | | | | | | |
| Corrective Action: | | | | | | | | Date: | |