

**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:

03/13/2017

Submitted Date:

03/13/2017

Document Number:

680401213

FIELD INSPECTION FORM

Loc ID 335455 Inspector Name: BROWNING, CHUCK On-Site Inspection 2A Doc Num: _____

Status Summary:

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

Operator Information:

OGCC Operator Number: 10456
Name of Operator: CAERUS PICEANCE LLC
Address: 120 N RAILROAD AVENUE #D
City: PARACHUTE State: CO Zip: 81635

Findings:

17 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Reed, Haddock.	(720) 880-6369	rhaddock@caerusoilandgas.com	Sr. Regulatory Specialist
Elsner, Garrett	(303) 565-4600	garrett@caerusoilandgas.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
287232	WELL	PR	12/31/2008	GW	045-12939	PUCKETT 12A-24D	PR
287233	WELL	PR	10/31/2008	GW	045-12938	PUCKETT 12B-24D	PR
287234	WELL	PR	12/31/2008	GW	045-12937	PUCKETT 12C-24D	PR
287235	WELL	PR	12/31/2008	GW	045-12936	PUCKETT 12D-24D	PR
287236	WELL	PR	12/31/2008	GW	045-12935	PUCKETT 22A-24D	PR
287237	WELL	SI	06/30/2013	DSPW	045-12934	PUCKETT 22B-24D	AC
287238	WELL	PR	10/01/2011	GW	045-12933	PUCKETT 22C-24D	PR
287239	WELL	PR	12/31/2008	GW	045-12932	PUCKETT 22D-24D	PR

General Comment:

[Routine UIC inspection.](#)

Location

Lease Road:			
	Type	Access	
	comment:		
	Corrective Action		Date:
	Type	Main	
	comment:		
	Corrective Action		Date:

Overall Good:

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

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
	Type	SEPARATOR	
	Comment:	Panel/barb wire	
	Corrective Action:		Date:
	Type	WELLHEAD	
	Comment:	Pipe/rod fence around produceing wells	
	Corrective Action:		Date:
	Type	WELLHEAD	
	Comment:	Shed over injection well	
	Corrective Action:		Date:

Equipment:			corrective date
Type: Ancillary equipment	# 1		
Comment:	Generator in shed		
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 4		
Comment:			
Corrective Action:		Date:	
Type: Prime Mover	# 1		
Comment:	Injection well pump in shed		
Corrective Action:		Date:	
Type: Plunger Lift	# 7		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	300 BBLs	STEEL AST		39.510292,-108.174175
Comment:	1-100 bbl partialy burried tank				
Corrective Action:				Date:	

Paint

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

Berms

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

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	8	400 BBLs	STEEL AST		39.509709,-108.174129
Comment:					
Corrective Action:			Date:		

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate

Comment:		
Corrective Action:		Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities			
Facility ID: <u>287232</u>	Type: <u>WELL</u>	API Number: <u>045-12939</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>Plunger lift</u>	Corrective Action:		Date:
Facility ID: <u>287233</u>	Type: <u>WELL</u>	API Number: <u>045-12938</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>Plunger lift</u>	Corrective Action:		Date:
Facility ID: <u>287234</u>	Type: <u>WELL</u>	API Number: <u>045-12937</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>Plunger lift</u>	Corrective Action:		Date:
Facility ID: <u>287235</u>	Type: <u>WELL</u>	API Number: <u>045-12936</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>Plunger lift</u>	Corrective Action:		Date:
Facility ID: <u>287236</u>	Type: <u>WELL</u>	API Number: <u>045-12935</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
Producing Well			
Comment: <u>Plunger lift</u>	Corrective Action:		Date:
Facility ID: <u>287237</u>	Type: <u>WELL</u>	API Number: <u>045-12934</u>	Status: <u>SI</u> Insp. Status: <u>AC</u>
Underground Injection Control			
UIC Violation: _____	Maximum Injection Pressure: _____		
<u>UIC Routine</u>			
Inj./Tube: Pressure or inches of Hg <u>650</u>	Previous Test Pressure _____	MPP _____	
(e.g. 30 psig or -30" Hg)		Inj Zone: <u>OHCRK</u>	
TC: Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Last MIT: <u>05/11/2015</u>	
Brhd: Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	AnnMTRReq: _____	
Comment: <u>Routine UIC inspection. Active injection at time of inspection.</u>	Corrective Action:		
Corrective Action:			Date: _____
Method of Injection: _____			
Test Type: _____	Tbg psi: _____	Csg psi: _____	BH psi: _____
Insp. Status: _____			
Comment: _____			

Corrective Action:		Date:	
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Facility ID:	287238	Type:	WELL	API Number:	045-12933	Status:	PR	Insp. Status:	PR
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Producing Well

Comment:	Plunger lift	
Corrective Action:		Date:

Facility ID:	287239	Type:	WELL	API Number:	045-12932	Status:	PR	Insp. Status:	PR
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Producing Well

Comment:	Plunger lift	
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	Gravel	Pass	Self Inspection	Pass	
Gravel	Pass	Ditches	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT