

**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:

04/11/2017

Submitted Date:

04/22/2017

Document Number:

673715221

FIELD INSPECTION FORM

Loc ID 322206 Inspector Name: Sherman, Susan 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: 10495
Name of Operator: LILIS ENERGY INC
Address: 300 E SONTERRA BLVD SUITE 1220
City: SAN ANTONIO State: TX Zip: 78258

Findings:

- 9 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Murphy, Brent	(713) 203-2174	vastar1997@gmail.com	
Nanke, Kevin	(303) 618-4507	knanke@lilisenergy.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
209703	WELL	TA	01/01/2017	GW	039-06608	COGGINS 10-34	PA

General Comment:

Location

Lease Road:			
Type			
comment:	Landowner will submit a letter/502.b variance that he agrees to leaving some of the road in for his use.		
Corrective ActionL		Date:	

Overall Good:

Signs/Marker:			
Type	DRILLING/RECOMP		
Comment:	safety signs at dog house and sign at CR 29		
Corrective Action:		Date:	

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: 209703 CDP: _____

Comment: _____

Corrective Action: _____

Date: _____

Form 2A COAs:

Comment: No COAs.

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: 209703 Type: WELL API Number: 039-06608 Status: TA Insp. Status: PA

Cement

Cement Contractor

Contractor Name: O-Tex Contractor Phone: 303-857-7948

Surface Casing

Cement Volume (sx): _____ Circulate to Surface: _____
 Cement Fall Back: _____ Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____ Good Return During Job: _____

Production Casing

Cement Volume (sx): _____ Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): 8180 Cement Volume (sx): 92

Good Return During Job: YES Cement Type: Class G 15.6-16#

Comment: 340 psi on tubing, 280 psi on casing prior to plugging.
 Casedhole Solutions, wireline set CIBP @8180' (collar at 8186') with 2 sxs cement on top. Filled the hole with water. Ran CBL. Couldn't get good readings. Rolled the hole and ran CBL again. Emailed CBL to DB in Denver. Good cement behind casing. Shot 6 holes @7400' (collar @7416') and pumped 20 sxs. Displaced with 7.3 BBLs water. Tagged at 7159'.
 Ensign/O-Tex pumped balance plug from 2012-1921' (tag approved by DB). Balance plug pumped from 564' with 40 sxs cement pumped to surface.
 No CICRs used as approved by DB's email.

Corrective Action: _____ Date: _____

BradenHead

Comment: Cemented, Form 17 attached

Corrective Action: _____ Date: _____

Workover

Comment: Ensign Rig 330

Corrective Action: _____ Date: _____

Flowline

#1	Type:Well Site	of Lines
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Flowline Description

Flowline Type: Well Site Size: _____ Material: _____
 Variance: _____ Age: _____ Contents: _____

Integrity Summary

Failures: _____ Spills: _____ Repairs Made: _____
 Coatings: _____ H2S: _____ Cathodic Protection: _____

Pressure Testing

Witnessed: _____ Test Result: _____ Charted: _____

COGCC Rules(check all that apply)

1101. Installation and Reclamation

1102. Operations, Maintenance, and Repair

1103. Abandonment

Comment: Flowline removed during cut, cap and cover of well. Anadarko on location reclaiming gas sales lines.

Corrective Action:

Date:

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment:

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING _____

Comment

Corrective Action Date _____

1002b. SOIL REMOVAL AND SEGREGATION _____

Comment

Corrective Action Date _____

1002c. PROTECTION OF SOILS _____

Comment

Corrective Action Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment

Corrective Action Date _____

1003a. Waste and Debris removed? _____

Comment

Corrective Action Date _____

Unused or unneeded equipment onsite? _____

Comment

Corrective Action Date _____

Pit, cellars, rat holes and other bores closed? _____

Comment

Corrective Action Date _____

Guy line anchors marked? _____

Comment

Corrective Action Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____
 1003c. Compacted areas have been cross ripped? _____
 1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____
 Cuttings management: _____
 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____
 Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003e. INTERIM VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment

Corrective Action

Date _____

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment:

Well plugged Pass Pit mouse/rat holes, cellars backfilled Pass

Debris removed Pass No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

1004.d. FINAL VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

Comment:

Corrective Action:

Date _____

Overall Final Reclamation

Well Release on Active Location

Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Gravel	Pass			
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
401266329	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4130812
673715300	Lilis Coggins 10-34 PA Form 17	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4130673
673715302	Lilis Coggins 10-34 PA	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4130674