

**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:

05/12/2017

Submitted Date:

05/17/2017

Document Number:

674703935**FIELD INSPECTION FORM**Loc ID 335781 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
Elsener, Garrett		garrett@caerusoilandgas.com	
Janicek, Jake		JJanicek@caerusoilandgas.com	
McKee, Michael		MMckee@caerusoilandgas.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
446090	WELL	XX	06/10/2016		045-23237	Chevron 22E-17	DG

General Comment:

Location**Lease Road:**

Type	Access		
comment:			
Corrective Action:		Date:	

Overall Good: ☒**Emergency Contact Number:**

Comment:		Date:	
Corrective Action:			

Good Housekeeping:

Type	TRASH		
Comment:			
Corrective Action:		Date:	

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

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

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Location Construction

Location ID: 335781 CDP: _____

Comment: [Form 42 Spud notice doc # 401274996](#)

Corrective Action: _____ Date: _____

Form 2A COAs:

Comment: _____

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 FacilitiesFacility ID: 446090 Type: WELL API Number: 045-23237 Status: XX Insp. Status: DG**Well Drilling**

Rig: Rig Name: H&P 330 Pusher/Rig Manager: George Urban
Permit Posted: Yes Access Sign: Yes

Well Control Equipment:

Pipe Ram: YES Blind Ram: YES Hydril Type: YES
Pressure Test BOP: Pass Test Pressure PSI: 5000 Safety Plan: YES

Drill Fluids**Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
Multi-Well: YES Disposal Location: _____

Comment: Drilling production hole at 1600'

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	
				Covering Materials	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
674703940	Drilling photo	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4149252