

**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:

08/08/2017

Submitted Date:

08/08/2017

Document Number:

680401742**FIELD INSPECTION FORM**
 Loc ID 324710 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 8960Name of Operator: BONANZA CREEK ENERGY OPERATING COMPANYAddress: 410 17TH STREET SUITE #1400City: DENVER State: CO Zip: 80202**Status Summary:**

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

Findings:3 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Schucker, Russell	720-440-6100	rschucker@bonanzacrk.com	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
257504	WELL	SI	01/01/2017	OW	057-06389	MCCALLUM UNIT 130	TA

General Comment:UIC-5 yr MIT.

Location**Lease Road:**

Type	Main		
comment:			
Corrective Action	L	Date:	
Type	Access		
comment:			
Corrective Action	L	Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:			
Corrective Action:		Date:	

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

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

Type: Deadman # & Marked	# 4		corrective date
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 257504 Type: WELL API Number: 057-06389 Status: SI Insp. Status: TA**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>PRREB</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>12/10/2012</u>
			AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 0 Csg psi: 560 BH psi: 0Insp. Status: Pass

Comment: UIC-5 yr MIT.
Well temporarily abandoned. Tubing removed. CIBP set @ 873'.
Pressured casing to 560 psi. Hold for 15 min. Final pressure 560 psi. -0 psi loss. OK
Test witnessed by COGCC using gauges on wellhead.

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
Gravel	Pass	Gravel	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
401369664	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4220681