



2013 Flood Facilities

Return to Service Compliance Plan

Facility Name: Lajco 17C 17ND 17RD 17SD Coming 17-3, 4
Legals: QtrQtr: SE NE Section: 17 Township: 4N Range: 67W County: We/d
API Number: _____
Inspected by: Ryan Hawkins
Level 1 or 2: 2

Wellhead

- Wellhead Sign Present Yes ☒ No ☐

- Conducted Pressure Test on Casing and Tubing Values Yes ☒ No ☐

Notes:

- Confirmed Master Telemetry Equipment is Functioning Yes ☒ No ☐

Notes:

- Master Valves Inspected and Cycled Yes ☒ No ☐

Notes:

Flowlines

- Conducted Clean / Flush / Pressure Test on Flowlines Yes ☒ No ☐

Well Name See attached form
Pressure Test Results (to max operating pressure) Pass ☒ Fail ☐

Well Name _____
Pressure Test Results (to max operating pressure) Pass ☒ Fail ☐

Well Name _____
Pressure Test Results (to max operating pressure) Pass ☒ Fail ☐

Well Name _____
Pressure Test Results (to max operating pressure) Pass ☒ Fail ☐

For Failed Tests -

Describe Repair Measures Here:

* Attach Additional Flowline Pressure Test Results as Needed

** Attach Additional Pages for Re-Test Results on Failed Flowlines

Repair to Secondary Containment

- | | | | | |
|---|-----|-------------------------------------|----|--------------------------|
| - Facility Sign Present | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| - Safely Removed Debris and Ensured Unrestricted Access | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| - Repair to Equipment Fencing Required | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

Notes:

- GPS Coordinates (Collected from Southeast Corner of Battery)

Latitude _____ Longitude _____

- | | | | | |
|--|-----|-------------------------------------|----|--------------------------|
| - Stormwater Management BMPs Installed | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|--|-----|-------------------------------------|----|--------------------------|

Notes:

Separator Stabilization

- | | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-------------------------------------|
| - Separator Stabilized | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | |
| - Inspect the Following: | | | | | |
| Regulators | <input checked="" type="checkbox"/> | High/Low Valves | <input checked="" type="checkbox"/> | Debris on Fire Tubes | <input checked="" type="checkbox"/> |
| Inlet/Outlet to Meter Connection | <input checked="" type="checkbox"/> | Debris on Flame Arrestors | <input checked="" type="checkbox"/> | | |
| - Conducted Pressure Test on Separator | Pass | <input checked="" type="checkbox"/> | Fail | <input type="checkbox"/> | |
| - Conducted Pressure Test on Heater Treater | Pass | <input type="checkbox"/> | Fail | <input type="checkbox"/> | |

For Failed Tests -

Describe Repair Measures Here:

* Attach Additional Separator/Heater Treater Pressure Test Results as Needed

** Attach Additional Pages for Re-Test Results on Failed Separator/Heater Treater

- | | | | | |
|-------------------------------------|-----|-------------------------------------|----|--------------------------|
| - NFPA Hazard Diamond Label Present | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|-------------------------------------|-----|-------------------------------------|----|--------------------------|

Emission Control Device Stabilization

- | | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| - ECD Stabilized | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> | |
| - Inspect the Following: | | | | | |
| Pilot Light(s) | <input checked="" type="checkbox"/> | Flame Arrestor | <input checked="" type="checkbox"/> | Ignition Control Equipment | <input checked="" type="checkbox"/> |
| - Cleaning Required of Any of Above Equipment | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> | |

Identify:

- | | | | | |
|---|-----|-------------------------------------|----|--------------------------|
| - Clear Line from Production Tanks to ECD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
|---|-----|-------------------------------------|----|--------------------------|

Notes:

PETROLEUM DEVELOPMENT COMPANY

Facility Pressure Test Report

Instructions:

- Step 1. - Pressure test all flowlines from existing wells coming into facility
 Step 2. - Pressure test all crude oil dump lines from separators to crude oil tanks
 Step 3. - Pressure test all produced water lines from separators to water tanks/pits (where possible)

Area / Route: 5 / 404

Facility Name: Lajco 17 RD, SD, AD, C & Coming 17-384

Well #1	<u>17 RD</u>	Date: <u>10/24/13</u>
Well #2	<u>17 SD</u>	Date: _____
Well #3	<u>17 AD</u>	Date: _____
Well #4	<u>17 C</u>	Date: _____
Well #5	<u>Coming 17-3</u>	Date: _____
Well #6	<u>Coming 17-4</u>	Date: _____
Well #7	_____	Date: _____
Well #8	_____	Date: _____
Separator #1	<u>Lajco 17 RD, SD, AD & C</u>	Date: _____
Separator #2	<u>Coming 17-384</u>	Date: _____
Separator #3	_____	Date: _____
Separator #4	_____	Date: _____

STEP 1: Pressure Test Flowlines

	Well #1	Well #2	Well #3	Well #4	Well #5	Well #6	Well #7	Well #8
Beginning								
Pressure	<u>1036</u>	<u>816</u>	<u>1215</u>	<u>890</u>	<u>880</u>	<u>573</u>		
Ending								
Pressure	<u>1036</u>	<u>816</u>	<u>1215</u>	<u>890</u>	<u>880</u>	<u>570</u>		
Start Time	<u>12:54</u>							
End Time	<u>1:27</u>							
Duration	<u>33 min</u>							

STEP 2: Pressure Test Crude Oil Production Lines

	Sep #1	Sep #2	Sep #3	Sep #4
Beginning Pressure	<u>280</u>	<u>290</u>		
Ending Pressure	<u>290</u>	<u>290</u>		
Start Time	<u>14:13</u>	<u>850</u>	<u>850</u>	
End Time		<u>920</u>	<u>920</u>	
Duration	<u>30</u>	<u>30</u>		

STEP 3: Pressure Test Produced Water Lines (if possible)

	Sep #1	Sep #2	Sep #3	Sep #4
Beginning Pressure				
Ending Pressure				
Start Time				
End Time				
Duration				

PDC Representative (Print):

Ryan Hawkins

PDC Representative (Sign):

[Signature]