

**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:

07/11/2019

Submitted Date:

07/15/2019

Document Number:

693800881

**FIELD INSPECTION FORM**

Loc ID 334323 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:**

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

**ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE**

**Contact Information:**

Contact Name	Phone	Email	Comment
Labowskie, Steve		steve.labowskie@state.co.us	
,		COGCC.inspections@caerusoilandgas.com	<a href="#">All Inspections</a>
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	<a href="#">Field Inspector</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
269727	WELL	IJ	03/01/2019	DSPW	045-09403	HMU 14-8 (P11SW)	AC
272659	WELL	IJ	03/01/2019	DSPW	045-10123	MCU FEDERAL DISPOSAL 2	AC
272744	WELL	IJ	06/01/2017	DSPW	045-10146	MCU DISPOSAL 3	AC

**General Comment:**

[Routine UIC inspection. Injection well inspection only.](#)

Location			
<b>Lease Road:</b>			
	Type	Access	
	comment:		
	Corrective Action		Date:
	Type	Main	
	comment:		
	Corrective Action		Date:
Overall Good: <input checked="" type="checkbox"/>			
<b>Signs/Marker:</b>			
	Type	WELLHEAD	
	Comment:		
	Corrective Action:		Date:
Emergency Contact Number:			
	Comment:	<input style="width: 50%;" type="text"/>	
	Corrective Action:	<input style="width: 50%;" type="text"/>	Date: _____
Overall Good: <input checked="" type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
	Comment:	<input style="width: 80%;" type="text"/>	
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Fencing/:</b>			
	Type	WELLHEAD	
	Comment:	njection wellhead inside housing	
	Corrective Action:		Date:
	Type	LOCATION	
	Comment:	Barbed wire	
	Corrective Action:		Date:
<b>Equipment:</b>			
Type:	Bradenhead	# 3	corrective date
	Comment:		
	Corrective Action:		Date:
<b>Venting:</b>			
	Yes/No	NO	
	Comment:		
	Corrective Action:		Date:
<b>Flaring:</b>			
Type			

Comment:	
Corrective Action:	Date:

**Inspected Facilities**

Facility ID: 269727 Type: WELL API Number: 045-09403 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg 790 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: WSTC

TC: Pressure or inches of Hg 89 Previous Test Pressure \_\_\_\_\_ Last MIT: 06/12/2018

Brhd: Pressure or inches of Hg 36 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Routine UIC inspection. Active injection at time of inspection.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Facility ID: 272659 Type: WELL API Number: 045-10123 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg 918 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: WSTC

TC: Pressure or inches of Hg 31 Previous Test Pressure \_\_\_\_\_ Last MIT: 09/02/2015

Brhd: Pressure or inches of Hg 2 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Routine UIC inspection. Active injection at time of inspection.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Facility ID: 272744 Type: WELL API Number: 045-10146 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg 640 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: WSTC

TC: Pressure or inches of Hg 41 Previous Test Pressure \_\_\_\_\_ Last MIT: 08/04/2017

Brhd: Pressure or inches of Hg 100 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Routine UIC inspection. Active injection at time of inspection.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: PUMP FEED \_\_\_\_\_

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

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
693800882	Inspection photos 7/11/2019	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4878023">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4878023</a>