

**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:

693800883**FIELD INSPECTION FORM**
 Loc ID 322310 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_
**Operator Information:**OGCC Operator Number: 10456Name of Operator: CAERUS PICEANCE LLCAddress: 120 N RAILROAD AVENUE #DCity: PARACHUTE State: CO Zip: 81635**Status Summary:**

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

**Findings:**12 Number of Comments0 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
, "		COGCC.inspections@caerus oilandgas.com	<a href="#">All Inspections</a>
Labowskie, Steve		steve.labowskie@state.co.us	
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
210243	WELL	SI	08/10/2017	DSPW	045-05208	DIVIDE CREEK UNIT 12- WD	SI

**General Comment:**[Routine UIC Inspection. Well shut in.](#)

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:			
Corrective Action	L	Date:	
Type	Main		
comment:	NFS		
Corrective Action	L	Date:	

Overall Good: ☒

<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:	
Comment:	<input type="text"/>
Corrective Action:	<input type="text"/>
Date:	<input type="text"/>

Overall Good: ☒

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment: ☐ Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	LOCATION		
Comment:	Barbed wire		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Injection wellhead inside housing		
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:			
Corrective Action:		Date:	

Type: Flow Line	# 1	
Comment:	4" riser locked out/tagged out.	
Corrective Action:		Date:
Type: Ancillary equipment	# 1	
Comment:	Telemetry	
Corrective Action:		Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	1000 BBLS	STEEL AST		39.374797,-107.559268
Comment:	Out of service 2000 bbl tank				
Corrective Action:					Date:

**Paint**

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	200 BBLS	STEEL AST		39.375331,-107.559023
Comment:	1000 gal methanol tank inside same berms.				
Corrective Action:					Date:

**Paint**

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

**Venting:**

Yes/No	NO
Comment:	
Corrective Action:	Date:

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Inspected Facilities**Facility ID: 210243 Type: WELL API Number: 045-05208 Status: SI Insp. Status: SI**Underground Injection Control**

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

UIC Routine

Inj./Tube: Pressure or inches of Hg 807 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: CZ-CR

TC: Pressure or inches of Hg 11 Previous Test Pressure \_\_\_\_\_ Last MIT: 05/24/2017

Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Routine UIC Inspection. Well shut in.

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	Material Handling And Spill Prevention	Pass	Secondary containment of chemicals

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
693800884	Inspection photos 7/11/2019	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4878024">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4878024</a>