

**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:

05/29/2020

Submitted Date:

06/01/2020

Document Number:

693801876

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:

- 11 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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Labowskie, Steve		steve.labowskie@state.co.us	
,		COGCC.inspections@caerusoilandgas.com	All Inspections
Koehler, Bob		bob.koehler@state.co.us	

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	SI	02/01/2020	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			
Lease Road:			
Type	Access		
comment:			
Corrective Action			Date:
Type	Main		
comment:			
Corrective Action			Date:
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	CONTAINERS		
Comment:			
Corrective Action:			Date:
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	866-580-9382 or 911		
Corrective Action:			Date: _____
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	LOCATION		
Comment:			
Corrective Action:			Date:
Type	WELLHEAD		
Comment:	Injection wellheads inside housings		
Corrective Action:			Date:
Equipment:			
Type: Ancillary equipment	# 1		corrective date
Comment:	Heater		
Corrective Action:			Date:
Type: Bradenhead	# 3		
Comment:			
Corrective Action:			Date:

Tanks and Berms:					
Contents	#	Capacity	Type	Tank ID	SE GPS
OTHER	2	1000 GAL	OTHER		,
Comment: Propane tanks					
Corrective Action:					Date:
Paint					
Condition					
Other (Content)					
Other (Capacity)					
Other (Type)					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Comment:					
Corrective Action:					Date:
Venting:					
Yes/No	NO				
Comment:					
Corrective Action:					Date:
Flaring:					
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 785 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: WSTC

TC: Pressure or inches of Hg 87 Previous Test Pressure _____ Last MIT: 06/12/2018

Brhd: Pressure or inches of Hg 49 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC inspection. Injection well inspection only. Active injection at time of inspection. Casing blowdown 60 sec.

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: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 962 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: WSTC

TC: Pressure or inches of Hg 14 Previous Test Pressure _____ Last MIT: 09/02/2015

Brhd: Pressure or inches of Hg 2 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC inspection. Injection well inspection only. Active injection at time of inspection. Casing blowdown 5 sec.

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 638 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: WSTC

TC: Pressure or inches of Hg 418 Previous Test Pressure _____ Last MIT: 08/04/2017

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

Comment: Routine UIC inspection. Injection well inspection only. Active injection at time of inspection. Casing blowdown 3 min.

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
Berms	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
693801881	Inspection photos 5/29/2020	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5163008