

**FORM  
INSP**Rev  
X/20**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:

02/14/2024

Submitted Date:

02/14/2024

Document Number:

702403115**FIELD INSPECTION FORM**Loc ID 336436 Inspector Name: Revas, Robbie On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 10633Name of Operator: CRESTONE PEAK RESOURCES OPERATING LLCAddress: 555 17TH STREET SUITE 3700City: DENVER State: CO Zip: 80202**Status Summary:**

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

**Findings:**13 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
,		Inspections@civiresources.com	<a href="#">All Inspections</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
263030	WELL	SI	12/01/2022	GW	123-20829	MILLER 23-17	SI

**General Comment:**

**Location**Overall Good: ☒

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

Emergency Contact Number:

Comment:

Corrective Action:

Date: \_\_\_\_\_

Overall Good: ☒

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

In Containment: No

Comment:

☐ Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	ag panel		
Corrective Action:		Date:	
Type	TANK BATTERY		
Comment:	chainlink topped with barb wire		
Corrective Action:		Date:	
Type	IGNITOR/COMBUSTOR		
Comment:	chainlink topped with barb wire		
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Emission Control Device	# 1		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		

Comment: <a href="#">card indicates current calibration</a>		Date:
Corrective Action:		Date:
Type: Ancillary equipment	# 5	
Comment: <a href="#">automation</a>		Date:
Corrective Action:		Date:
Type: Bradenhead	# 1	
Comment:		Date:
Corrective Action:		Date:
Type: Plunger Lift	# 1	
Comment:		Date:
Corrective Action:		Date:
Type: Bird Protectors	# 2	
Comment:		Date:
Corrective Action:		Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	1	300 BBLs	STEEL AST		40.133440,-104.921500
Comment:					
Corrective Action:					Date:

**Paint**

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

**Berms**

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

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	OTHER	FIBERGLASS AST		,
Comment:					
Corrective Action:					Date:

**Paint**

Condition	Adequate
Other (Content)	
Other (Capacity)	150 bbl
Other (Type)	

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
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Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment:	shares containment with crude tank				
Corrective Action:					Date:

**AirsID**

API Number
123-20829
123-26408

API Number	AirsID
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Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities									
Facility ID:	263030	Type:	WELL	API Number:	123-20829	Status:	SI	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____									
Comment: <input type="text" value="SI"/>									
Corrective Action: <input type="text"/> Date: _____									
BradenHead									
Date of Last Brhd Test: <input type="text" value="07/27/2023"/> Annual Brhd Completed? <input type="text" value="Yes"/>									
Last Brhd Test Results Initial Surf Csg Pressure: <input type="text" value="0"/> Fluid Type: _____									
End Surf Csg Pressure: <input type="text" value="0"/>									
Comment: <input type="text" value="plumbed to surface"/>									
Corrective Action: <input type="text"/> 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
Comment: <input type="text"/>						Date: <input type="text"/>
Corrective Action: <input type="text"/>						
Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT						

COGCC Comments

Comment	User	Date
This is a Routine Field Inspection any CA from previous inspections are still active, valid and needs addressed. Weather: Cloudy & cold Location: Wet & muddy	revasr	02/14/2024

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
702403116	location photos	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6431668">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6431668</a>