

**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:

09/13/2024

Submitted Date:

09/25/2024

Document Number:

717900028

FIELD INSPECTION FORM

Loc ID: 450411 Inspector Name: Robinson, Taylor On-Site Inspection: 2A Doc Num: _____

Operator Information:

ECMC Operator Number: 69175
Name of Operator: PDC ENERGY INC
Address: 1099 18TH STREET SUITE 1500
City: DENVER State: CO Zip: 80202

Status Summary:

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

Findings:

- 8 Number of Comments
- 3 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
,		cogccinspection@pdce.com	ALL INSPECTIONS
,		cogccinspection@pdce.com	All Inspections
,		rbucogccinspectionreports@c hevron.onmicrosoft.com	

General Comment:

This is an environmental inspection for Location ID 450411 WAgner F11-2P TB. Any corrective actions from previous inspections that have not been addressed are still applicable. There were no operator or contract environmental personnel on location at the time of this field inspection. Photos attached to document site conditions.

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date:

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type:	#		corrective date
Comment: <input type="text" value="Separator door is wide open."/>			
Corrective Action: <input type="text"/>			Date: <input type="text"/>

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
Comment: <input type="text"/>						
Corrective Action: <input type="text"/>						Date: <input type="text"/>

Paint

Condition	<input type="text"/>
Other (Content)	<input type="text"/>
Other (Capacity)	<input type="text"/>
Other (Type)	<input type="text"/>

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment: <input type="text" value="Earthen berms around the AST and separator are deteriorating and need to be recompacted."/>				
Corrective Action: <input type="text" value="Repair or install berms or other secondary containment devices per Rule 603.o."/>				Date: <input type="text" value="10/25/2024"/>

Venting:

Yes/No	<input type="text"/>
Comment:	<input type="text"/>
Corrective Action:	Date: <input type="text"/>

Flaring:

Type	<input type="text"/>
Comment:	<input type="text"/>
Corrective Action:	Date: <input type="text"/>

Location Construction

Location ID: 450411 CDP: _____

Comment: _____

Corrective Action: _____

Date: _____

Form 2A COAs:

Comment: _____

Corrective Action: _____

Date: _____

Wildlife BMPs:

Comment: _____

Corrective Action: _____

Date: _____

Stormwater:

Erosion BMPs	Present	Other BMPs	Present

Comments: Erosion BMPs: **Ruts due to stormwater events have formed near the separator and need to be filled and recompactd.**

Other BMPs: _____

Corrective Action: **Install or repair required BMPs per Rule 1002.f.(2)C**

Date: 10/25/2024

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Comment: **Several areas have sediment migration offsite due to stormwater and equipment activity. All off site material needs to be pulled back.**

Corrective Action: **Install or repair required BMPs per Rule 1002.f.(2)C**

Date: 10/25/2024

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Environmental

Spills/Releases:

Type of Spill: _____ Estimated Spill Volume: _____

Comment: No spills or releases were observed during the inspection.

Corrective Action: Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well Complaint:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____ Comment: _____

Attached Documents

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

Document Num	Description	URL
717900029	photo log	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6721370