

FORM INSP
Rev 05/11

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



| | | | |
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| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:
06/06/2014

Document Number:
673800986

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|-------------|--------|-----------------|---|-------------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection <input type="checkbox"/> | 2A Doc Num: _____ |
| | 414944 | 414947 | Gomez, Jason | | |

Operator Information:

| |
|--|
| OGCC Operator Number: <u>69175</u> |
| Name of Operator: <u>PDC ENERGY INC</u> |
| Address: <u>1775 SHERMAN STREET - STE 3000</u> |
| City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80203</u> |

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED
- INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Compliance Summary:

QtrQtr: NENE Sec: 8 Twp: 6N Range: 65W

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 414930 | WELL | PR | 07/01/2010 | OW | 123-30900 | Cozzens 41-8 | PR | <input checked="" type="checkbox"/> |
| 414935 | WELL | PR | 07/01/2009 | OW | 123-30905 | Cozzens 8WD | PR | <input checked="" type="checkbox"/> |
| 414940 | WELL | PR | 07/01/2010 | OW | 123-30909 | Cozzens 8VD | PR | <input checked="" type="checkbox"/> |
| 414941 | WELL | PR | 07/01/2010 | OW | 123-30910 | Cozzens 8CD | PR | <input checked="" type="checkbox"/> |
| 414943 | WELL | PR | 07/01/2010 | OW | 123-30912 | Cozzens 31-8D | PR | <input checked="" type="checkbox"/> |
| 414944 | WELL | PR | 07/01/2010 | OW | 123-30913 | Cozzens 42-8D | PR | <input checked="" type="checkbox"/> |

Equipment:

Location Inventory

| | | | |
|------------------------------|-------------------------|----------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: <u>1</u> | Wells: <u>6</u> | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: <u>2</u> | Separators: <u>3</u> | Electric Motors: _____ |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____ | LACT Unit: _____ | Pump Jacks: _____ |
| Electric Generators: _____ | Gas Pipeline: _____ | Oil Pipeline: _____ | Water Pipeline: _____ |
| Gas Compressors: _____ | VOC Combustor: _____ | Oil Tanks: <u>2</u> | Dehydrator Units: _____ |
| Multi-Well Pits: <u>1</u> | Pigging Station: _____ | Flare: _____ | Fuel Tanks: _____ |

Location

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|---------|-------------------|---------|
| BATTERY | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |

| | | | |
|----------------------|--------------|--|--|
| TANK LABELS/PLACARDS | SATISFACTORY | | |
| WELLHEAD | SATISFACTORY | | |

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|-------|----------|-----------|--|------------|
| Other | WELLHEAD | <= 5 bbls | Cozzens 41-8D & Cozzens 8CD Approx 1'x2' stained soil under master valve. Repair leak and remove or remediate stained soil | 07/11/2014 |

Multiple Spills and Releases?

Fencing/:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|-----------|-------------------|---------|
| WELLHEAD | SATISFACTORY | Panel | | |
| OTHER | SATISFACTORY | ECD Panel | | |
| WELLHEAD | SATISFACTORY | Panel | | |
| WELLHEAD | SATISFACTORY | Panel | | |
| LOCATION | SATISFACTORY | Wire | | |
| WELLHEAD | SATISFACTORY | Panel | | |
| WELLHEAD | SATISFACTORY | Panel | | |
| WELLHEAD | SATISFACTORY | Panel | | |

Equipment:

| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-----------------------------|---|------------------------------|---------------------|-------------------|---------|
| Ancillary equipment | 1 | SATISFACTORY | Methonal pump | | |
| Gas Meter Run | 2 | SATISFACTORY | | | |
| Bird Protectors | 3 | SATISFACTORY | | | |
| VRU | 1 | SATISFACTORY | | | |
| Plunger Lift | 6 | SATISFACTORY | | | |
| Emission Control Device | 1 | SATISFACTORY | | | |
| Ancillary equipment | 2 | SATISFACTORY | Telemetry Equipment | | |
| Horizontal Heated Separator | 2 | SATISFACTORY | | | |

| | | | | | |
|------------------------|--------------|-----------------------------------|---------------------|-----------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | | |
| Contents | # | Capacity | Type | SE GPS | |
| PRODUCED WATER | 1 | 100 BBLS | PBV FIBERGLASS | 40.505630,-104.678060 | |
| S/A/V: | SATISFACTORY | | Comment: | | |
| Corrective Action: | | | | Corrective Date: | |
| <u>Paint</u> | | | | | |
| Condition | Adequate | | | | |
| Other (Content) _____ | | | | | |
| Other (Capacity) _____ | | | | | |
| Other (Type) _____ | | | | | |
| <u>Berms</u> | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate | |
| Corrective Action | | | | Corrective Date | |
| Comment | | | | | |

| | | |
|-----------------|---------|--|
| Venting: | | |
| Yes/No | Comment | |
| NO | | |

| | | | | |
|-----------------|------------------------------|---------|-------------------|---------|
| Flaring: | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 414944

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

| Group | User | Comment | Date |
|--------|---------|---|------------|
| Agency | caplank | Location is in a sensitive area because of shallow groundwater; therefore, either a lined drilling pit or closed loop system is required. | 12/02/2009 |
| Agency | caplank | Location is in a sensitive area because of close proximity to surface water, therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations. | 12/02/2009 |

S/A/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/A/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Stormwater:

Comment: _____

Staking:

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:

Facility

Facility ID: 414930 Type: WELL API Number: 123-30900 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

Facility ID: 414935 Type: WELL API Number: 123-30905 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 414940 Type: WELL API Number: 123-30909 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 414941 Type: WELL API Number: 123-30910 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 414943 Type: WELL API Number: 123-30912 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 414944 Type: WELL API Number: 123-30913 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____
Comment: _____
Corrective Action: _____ Date: _____
Reportable: _____ GPS: Lat _____ Long _____
Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

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

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: IMPROVED PASTURE

Comment: _____

1003a. Debris removed? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? Pass CM _____
 CA _____ CA Date _____
 Pit, cellars, rat holes and other bores closed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors removed? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass
 1003c. Compacted areas have been cross ripped? _____
 1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____
 Cuttings management: _____
 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? Pass
 Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced Pass Recontoured Pass Perennial forage re-established Pass

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

Comment: _____

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: IMPROVED PASTURE

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Well Release on Active Location Multi-Well Location

| Storm Water: | | | | | | |
|---------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Gravel | Pass | Gravel | Pass | | | |

S/A/V: SATISFACTOR
Y _____ Corrective Date: _____

Comment: Vegetation re-growth

CA: _____

Pits: NO SURFACE INDICATION OF PIT