Inspector Name: Moran, Rick

FORM INSP

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: 11/08/2018
Submitted Date: 11/09/2018

Document Number: 679701678

FIELD INSPECTION FORM

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Loc ID	oc ID Inspector Name: On-Site Ir			Inspection			Statu	ıs Summary:	<u> </u>		
316505	Moran, Rick		·			T	THIS IS A FOLLOW UP INSPECTION				
Operator I	nformation:						XF	X FOLLOW UP INSPECTION REQUIRED			
-							X	NO FOLLOW UP INSPECTION REQUIRED			
Name of Operator: CAERUS PICEANCE LLC Findings:											
IName of O	perator. CAEROS	FICEANC	L LLC				6	Number of Commer	nts		
Address: _1	1001 17TH STREE	T #1600					1	Number of Corrective			
City:	DENVER	State:	CO	7in:	8020	12		_			
City:	DENVER	State.		Zip:	0020		X C	orrective Action Response	Requested		
							Р	NY CORRECTIVE AC REVIOUS INSPECTION EEN ADDRESSED AF	NS THÁT I	HAVE NOT	
Contact In	formation:					<u>. </u>					
Contact Name		Pho	ne	Email				Comment			
Thompson, Bud				BLThomps@BLM.gov							
Elsenser, Garrett		720-	880-6340	cogcc.inspections@caerusoilandgas.com		soila	All Piceance inspections				
Waldron, Emily				emily.waldron@state.co			s				
Kellerby, Shaun		970-	712-1248	shaun.kellerby@state.d			JS				
Inspected	Facilities:	-									
Facility ID	Туре	Status	Status Date	Well 0	Well Class API Num			Facility Name		Insp Status	
282956	WELL	PR	11/01/2017	GW		103-10682		ELU 8905C-24 E24	39	PR	
General Co	omment:										
Follow up	inspection to docu	ment 6751	00723 for which	ch the corre	ctive ac	ctions were r	resolv	red. Followed by new r	outine well	inspecton	
1 Ollow up	mapeodion to docu		100720 101 WIII		Olive ac	Ollono Were i	0301		- Countrie Well	mapectori.	

Inspector Name: Moran, Rick

<u>Location</u>							
Overall Good: 🔀							
igns/Marker:							
CONTAINERS							
				Date	:		
BATTERY							
				Date	:		
WELLHEAD							
				Date	:		
TANK LABELS/PLACAR	DS						
				Date	:		
lumber:							
800-791-7691							
				Date:			
Area	Volume						
In Containment: No							
							
Comment: Multilple Spills and Releases?							
Fencing/:							
TANK BATTERY							
	Date						
WELLHEAD							
	Date						
Equipment:					corrective date		
#	1						
Corrective Action:				Date:			
#	1						
Corrective Action:			Date:				
#	1						
	WELLHEAD TANK LABELS/PLACAR Number: 800-791-7691 Area Area TANK BATTERY WELLHEAD #	BATTERY WELLHEAD TANK LABELS/PLACARDS Jumber: 800-791-7691 Area Volume No and Releases? TANK BATTERY # 1	CONTAINERS BATTERY WELLHEAD TANK LABELS/PLACARDS Number: 800-791-7691 Area Volume No TANK BATTERY WELLHEAD # 1	CONTAINERS BATTERY WELLHEAD TANK LABELS/PLACARDS Area Volume Io Ind Releases? TANK BATTERY WELLHEAD # 1 # 1	CONTAINERS Date BATTERY WELLHEAD Date TANK LABELS/PLACARDS Date: Wolumber: 800-791-7691 Date: Area Volume Io TANK BATTERY WELLHEAD Date: # 1 Date: Date:		

Inspector Name: Moran, Rick Comment: Corrective Action: Date: Type: Ancillary equipment #3 Comment: One container of Methanol, one container of TECHNI-FOAM 5381, and one continer of WCO6031-10. All with secondary containment Corrective Action: Date: Type: Deadman # & Marked #4 Comment: Corrective Action: Date: Type: Bird Protectors # 1 Comment: Corrective Action: Date: Tanks and Berms: SE GPS Contents Capacity Type Tank ID CONDENSATE **400 BBLS** STEEL AST 39.776800,-108.123000 Comment: Corrective Action: Date: **Paint** Condition Other (Content) Other (Capacity) Other (Type) **Berms** Type Capacity Permeability (Wall) Permeability (Base) Maintenance Comment: Corrective Action: Date: # Tank ID SE GPS Contents Capacity Type PRODUCED WATER **400 BBLS** STEEL AST 39.776800,-108.123000 Comment: Corrective Action: Date: **Paint** Condition Adequate Other (Content) Other (Capacity) Other (Type) **Berms**

Туре	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance					
Metal	Adequate	Walls Sufficent	Base Sufficient	Inadequate					
Com	nment: Inadequate berms	ent: Inadequate berms around tank(s). Holes in liner.							

Inspector Name: Moran, Rick Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4). Date: 12/10/2018 Venting: Yes/No NO Comment: Corrective Action: Date: Flaring: Туре Comment: Corrective Action: Date:

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Inspected Facilities								
Facility ID: 28295	6 Type: _	WELL	API Number:	103-10682	Status:	PR	Insp. Status:	PR
Comment: producing well								
Corrective Action:							Date:	

Attached Documents

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

Document Num	Description	URL
401834991	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4641755
679701679	inspection photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4641747