

**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:

11/16/2023

Submitted Date:

11/17/2023

Document Number:

702502153

FIELD INSPECTION FORMLoc ID 335712 Inspector Name: Burchett, Kirby On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 10456

Name of Operator: CAERUS PICEANCE LLC

Address: 1001 17TH STREET #1600

City: DENVER State: CO Zip: 80202

Status Summary:

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

Findings:

23 Number of Comments

2 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
Wilson, Justin	(970) 878-3825	jrwilson@blm.gov	
, Caerus	(970) 285-2600	COGCC.inspections@caerus oilandgas.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159160	UIC DISPOSAL	AC	07/17/2006		-	PICEANCE CREEK UNIT T35X-11G1	AC
259652	WELL	PR	08/01/2023	GW	103-10112	PICEANCE CREEK UNIT T35X-11G	PR
274342	WELL	PR	04/01/2022	GW	103-10528	PICEANCE CREEK UNIT T35X-11G4	PR
274343	WELL	PR	04/01/2022	GW	103-10527	PICEANCE CREEK UNIT T35X-11G3	PR
274344	WELL	SI	08/01/2023	GW	103-10526	PICEANCE CREEK UNIT T35X-11G2	SI
274346	WELL	SI	06/01/2023	GW	103-10524	PICEANCE CREEK UNIT T35X-11GS	SI
279500	WELL	PR	08/01/2023	GW	103-10627	PICEANCE CREEK UNIT T35X-11G5	PR
279501	WELL	SI	01/01/2023	GW	103-10626	PICEANCE CREEK UNIT T35X-11G6	SI
279502	WELL	SI	01/01/2023	GW	103-10625	PICEANCE CREEK UNIT T35X-11G7	SI

General Comment:

ECMC Inspection Report Summary

On Thursday, 11/16/2023, Inspector Kirby Burchett, conducted a follow up field inspection at Caerus Piceance LLC on the Piceance Creek Unit-62S97W 11NESW pad, Location #335712, in Rio Blanco County, Colorado.

This location is within or in close proximity to a Parks and Wildlife (CPW) District & Wildlife Management Plan with Black Bear, High Priority, NSO, Density and Other Consultation Habitat regulations.

Any Corrective Actions from previous Inspections are still applicable.

Follow up inspection in response to compliance issues observed during Inspection #702501715 on 8/8/23. All Corrective Actions have been resolved.

While there during normal operations the following compliance issues were observed:

1. Random debris
2. Tank battery sign with incorrect information.

Refer to Inspection Photos for observed compliance issues.

A follow up on this site inspection will be conducted to ensure all compliance issues have been corrected to comply with ECMC rules.

LocationOverall Good: ☐

Signs/Marker:			
Type	CONTAINERS		
Comment:	Chemical and propane tank		
Corrective Action:		Date:	
Type	OTHER		
Comment:	Entrance sign As Location Entrance signs are replaced: The Well name; The Commission's Location identification number (ID #); The Operator's telephone number where it may be reached at all times; and the Telephone number(s) for local emergency services (911 where available) will be required.		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	As Wellhead signs are replaced: The Well name; The API Number; and Its legal location, including the quarter/quarter section will be required.		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:	Quarter/Quarter section different from ECMC database		
Corrective Action:	The Tank battery sign will be no less than 3 square feet and no more than 6 square feet, and will provide: Name of the Operator; Telephone number at which the Operator can be reached at all times; Telephone number for local emergency services (911 where available); The public road used to access the Tank battery site; Well name(s) and API number(s) associated with the Tank battery and the legal location of the Well(s); and Location, including the quarter/quarter section, of the Tank battery.	Date:	12/16/2023

Emergency Contact Number:

Comment: 970-285-2615 or 911

Corrective Action:

Date: _____

Good Housekeeping:

Type	DEBRIS		
Comment:	Random debris		
Corrective Action:	All excess materials, rubbish, supplies, trash, or other waste material will be properly contained until removed from the Oil and Gas Location. At no time will debris be placed or remain on the ground.	Date:	11/24/2023

Overall Good: ☐

Spills:			
Type	Area	Volume	
In Containment: No			
Comment: _____			
<input type="checkbox"/> Multiple Spills and Releases?			

Fencing/:			
Type	TANK BATTERY		
Comment:	Cattle panels		

Corrective Action:		Date:	
Equipment:		corrective date	
Type: Bradenhead	# 7		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Separator	# 2		
Comment: Bulk and test unit			
Corrective Action:		Date:	
Type: Other	# 1		
Comment: T35X-11G1 injection well			
Corrective Action:		Date:	
Type: Plunger Lift	# 6		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 3		
Comment: Chemical tanks on containment			
Corrective Action:		Date:	
Type: Gas Meter Run	# 2		
Comment: Bulk and test meters inside separator building			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment: Propane tank			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST		,
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate			
Comment: Unlined				
Corrective Action:				Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 159160 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 980

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Facility ID: 259652 Type: WELL API Number: 103-10112 Status: PR Insp. Status: PR

Producing Well

Comment: [Production Reporting in compliance](#)

Corrective Action: _____ Date: _____

Facility ID: 274342 Type: WELL API Number: 103-10528 Status: PR Insp. Status: PR

Producing Well

Comment: [Production Reporting in compliance](#)

Corrective Action: _____ Date: _____

Facility ID: 274343 Type: WELL API Number: 103-10527 Status: PR Insp. Status: PR

Producing Well

Comment: [Production Reporting in compliance](#)

Corrective Action: _____ Date: _____

Facility ID: 274344 Type: WELL API Number: 103-10526 Status: SI Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

Comment: [Shut in - 7/1/23](#)

Corrective Action: _____ Date: _____

Facility ID: 274346 Type: WELL API Number: 103-10524 Status: SI Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: _____

Comment: Shut in - 5/1/23

Corrective Action: _____

Date: _____

Facility ID: 279500 Type: WELL API Number: 103-10627 Status: PR Insp. Status: PR**Producing Well**Comment: Production Reporting in compliance

Corrective Action: _____

Date: _____

Facility ID: 279501 Type: WELL API Number: 103-10626 Status: SI Insp. Status: SI**Cement**Cement Contractor

Contractor Name: _____

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment: Plugged and Abandoned.
Waiting for cut off and cap

Corrective Action: _____

Date: _____

Facility ID: 279502 Type: WELL API Number: 103-10625 Status: SI Insp. Status: SI**Cement**Cement Contractor

Contractor Name: _____

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

<u>Comment:</u>	Plugged and Abandoned. Waiting for cut off and cap	
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
		Gravel				
		Ditches				
Berms						
Gravel						
Drains						
Ditches						
				Material Handling And Spill Prevention		

Comment: Operator is responsible for maintaining Best Management Practices (BMPs) to control vehicle tracking and potential sediment discharges from operational roads, well pads, and other unpaved surfaces.

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
403600403	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6327526
702502154	Inspection Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6327445