

**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

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

Inspection Date:
11/20/2014Document Number:
675200811Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 417603 | 417603 | CONKLIN, CURTIS | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 10433Name of Operator: PICEANCE ENERGY LLCAddress: 1512 LARIMER STREET #1000City: DENVER State: CO Zip: 80202

- ☐ 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:

| Contact Name | Phone | Email | Comment |
|-----------------|----------------|-----------------------------|---|
| Kellerby, Shaun | | shuan.kellerby@state.co.us | NW Supervisor |
| Bankert, Wayne | (970) 683-5419 | wbankert@laramie-energy.com | Senior Regulatory & Environmental Coordinator |

Compliance Summary:QtrQtr: SESW Sec: 19 Twp: 9S Range: 93W**Inspector Comment:****BRUTON COMPRESSOR STATION ID# 429889 on location****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|----------------------|--------|-------------|------------|-----------|---------------------------|-------------|-------------------------------------|
| 417605 | WELL | PR | 08/31/2011 | GW | 077-10091 | BRUTON 19-10C | PR | <input checked="" type="checkbox"/> |
| 417606 | WELL | PR | 09/21/2011 | GW | 077-10092 | BRUTON 30-02B | PR | <input checked="" type="checkbox"/> |
| 417607 | WELL | PR | 08/31/2011 | GW | 077-10093 | BRUTON 19-06C | PR | <input checked="" type="checkbox"/> |
| 417616 | WELL | PR | 09/07/2011 | GW | 077-10094 | BRUTON 19-14B | PR | <input checked="" type="checkbox"/> |
| 429889 | GAS PROCESSING PLANT | PR | 08/09/2012 | | - | BRUTON COMPRESSOR STATION | PR | <input checked="" type="checkbox"/> |

Equipment:**Location Inventory**

| | | | |
|-------------------------------------|-----------------------------|-----------------------------|--------------------------------|
| Special Purpose Pits: <u> </u> | Drilling Pits: <u>1</u> | Wells: <u>16</u> | Production Pits: <u> </u> |
| Condensate Tanks: <u>10</u> | Water Tanks: <u> </u> | Separators: <u>4</u> | Electric Motors: <u> </u> |
| Gas or Diesel Motors: <u>3</u> | Cavity Pumps: <u> </u> | LACT Unit: <u> </u> | Pump Jacks: <u> </u> |
| Electric Generators: <u>1</u> | Gas Pipeline: <u>1</u> | Oil Pipeline: <u> </u> | Water Pipeline: <u>1</u> |
| Gas Compressors: <u>3</u> | VOC Combustor: <u>2</u> | Oil Tanks: <u> </u> | Dehydrator Units: <u>1</u> |
| Multi-Well Pits: <u> </u> | Pigging Station: <u>1</u> | Flare: <u> </u> | Fuel Tanks: <u> </u> |

Location

Inspector Name: CONKLIN, CURTIS

| | | | | |
|--------------------|------------------------------|---------|-------------------|------|
| Lease Road: | | | | |
| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
| Access | SATISFACTORY | | | |

| | | | | |
|----------------------|------------------------------|---------|-------------------|---------|
| Signs/Marker: | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD | SATISFACTORY | | | |
| TANK LABELS/PLACARDS | SATISFACTORY | | | |

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

Comment: _____

Corrective Action: _____

| | | | | |
|--|------|--------|-------------------|---------|
| Spills: | | | | |
| Type | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| | | | | |
|------------------|------------------------------|------------|-------------------|---------|
| Fencing/: | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| LOCATION | SATISFACTORY | Wire fence | | |

| | | | | | |
|---------------------------|---|------------------------------|--------------------------------------|-------------------|---------|
| Equipment: | | | | | |
| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Ancillary equipment | 1 | SATISFACTORY | Chem unit w/ containment | | |
| Emission Control Device | 1 | SATISFACTORY | | | |
| Bird Protectors | 1 | SATISFACTORY | | | |
| Other | | SATISFACTORY | BRUTON COMPRESSOR STATION ID# 429889 | | |
| Plunger Lift | 3 | SATISFACTORY | | | |
| Vertical Heated Separator | 4 | SATISFACTORY | | | |

| | | | | |
|---|--------------|----------|-----------|------------------|
| Facilities: <input type="checkbox"/> New Tank Tank ID: _____ | | | | |
| Contents | # | Capacity | Type | SE GPS |
| CONDENSATE | 1 | 400 BBLS | STEEL AST | , |
| S/A/V: | SATISFACTORY | Comment: | | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|------|----------|---------------------|---------------------|-------------|
| | | | | |

| | | | |
|-------------------|--|-----------------|--|
| Corrective Action | | Corrective Date | |
|-------------------|--|-----------------|--|

| | |
|---------|------|
| Comment | Same |
|---------|------|

Facilities: ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------|---|----------|-----------|--------|
| METHANOL | 1 | 1000 GAL | STEEL AST | , |

| | | | |
|--------|--------------|----------|--|
| S/A/V: | SATISFACTORY | Comment: | |
|--------|--------------|----------|--|

| | | | |
|--------------------|--|------------------|--|
| Corrective Action: | | Corrective Date: | |
|--------------------|--|------------------|--|

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|------|----------|---------------------|---------------------|-------------|
| | | | | |

| | | | |
|-------------------|--|-----------------|--|
| Corrective Action | | Corrective Date | |
|-------------------|--|-----------------|--|

| | |
|---------|------|
| Comment | Same |
|---------|------|

Facilities: ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|------------|---|----------|-----------|--------|
| CONDENSATE | 2 | 300 BBLS | STEEL AST | , |

| | | | |
|--------|--------------|----------|--|
| S/A/V: | SATISFACTORY | Comment: | |
|--------|--------------|----------|--|

| | | | |
|--------------------|--|------------------|--|
| Corrective Action: | | Corrective Date: | |
|--------------------|--|------------------|--|

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|----------|---------------------|---------------------|-------------|
| Metal | Adequate | Walls Sufficent | Base Sufficient | Adequate |

| | | | |
|-------------------|--|-----------------|--|
| Corrective Action | | Corrective Date | |
|-------------------|--|-----------------|--|

| | |
|---------|--|
| Comment | |
|---------|--|

Facilities: ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|-----------|--------|
| PRODUCED WATER | 3 | 300 BBLS | STEEL AST | , |

| | | | |
|--------|--------------|----------|--|
| S/A/V: | SATISFACTORY | Comment: | |
|--------|--------------|----------|--|

| | | | |
|--------------------|--|------------------|--|
| Corrective Action: | | Corrective Date: | |
|--------------------|--|------------------|--|

Paint

Inspector Name: CONKLIN, CURTIS

| | | | | | |
|-------------------|----------|---------------------|---------------------|-----------------|--|
| Condition | Adequate | | | | |
| Other (Content) | | | | | |
| Other (Capacity) | | | | | |
| Other (Type) | | | | | |
| Berms | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| | | | | | |
| Corrective Action | | | | Corrective Date | |
| Comment | Same | | | | |

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

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

Predrill

Location ID: 417603

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

| Group | User | Comment | Date |
|--------|-----------|---|------------|
| Agency | kubeczkod | No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. The entire base of the pit must be in cut. | 05/07/2010 |
| Agency | kubeczkod | Operator must implement best management practices to contain any unintentional release of fluids. | 05/07/2010 |
| Agency | kubeczkod | Location is in a sensitive area because of 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. | 05/07/2010 |
| Agency | kubeczkod | The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1. | 05/07/2010 |
| Agency | kubeczkod | All pits must be lined. | 05/07/2010 |

S/AV: _____ **Comment:** Containment is in place around all tanks.

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 417605 Type: WELL API Number: 077-10091 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 417606 Type: WELL API Number: 077-10092 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 417607 Type: WELL API Number: 077-10093 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 417616 Type: WELL API Number: 077-10094 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 429889 Type: GAS API Number: - Status: PR Insp. Status: 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: RANGELAND

Comment: _____

1003a. Debris removed? _____ CM _____
 CA _____ CA Date _____
 Waste Material Onsite? _____ CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? _____ CM _____
 CA _____ CA Date _____
 Pit, cellars, rat holes and other bores closed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors removed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

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? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION**Cropland**

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Inspector Name: CONKLIN, CURTIS

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Rip Rap | Pass | | | | | |
| Berms | Pass | Compaction | Pass | | | |
| Retention Ponds | Pass | | | | | |
| Drains | Pass | Gravel | Pass | | | |
| Compaction | Pass | Culverts | Pass | | | |
| Gravel | Pass | | | | | |

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT