

# Leak Detection and Repair (LDAR) Annual Report Form<sup>1</sup>



Please submit via email to: [cdphe\\_reg7LDAR\\_annualreports@state.co.us](mailto:cdphe_reg7LDAR_annualreports@state.co.us)

## Section 1: General Information

Company Name:	SRC Energy, Inc.		
Inspection Year:	2017	# Facilities Inspected: <sup>2</sup>	175
Contact Person:	Brad Rogers	Title:	Health & Environmental Manager
Phone Number:	970.475.5242	E-mail Address:	<a href="mailto:brogers@srcenergy.com">brogers@srcenergy.com</a>

## Section 2: LDAR Inspections

Inspection Method	# Inspections <sup>3</sup>
AIMM at Natural Gas Compressor Stations:	0
AIMM at Well Production Facilities:	201*
AVO at Well Production Facilities:	26,759**
<b>TOTAL</b>	<b>26,960</b>

## Section 3: Leaking Components Details


Component Type	# Leaks Identified <sup>4</sup>	# Leaks Repaired	# Leaks on Delay of Repair List as of Dec 31
Valves:	91		
Connectors:	149		
Flanges:	4		
Pump Seals:	1		
Pressure Relief Devices:	381		
<b>TOTAL</b>	<b>626</b>	<b>626</b>	

## Section 4: Responsible Official Certification

All information contained in the LDAR Annual Report must be certified by a responsible official as defined in Colorado Regulation No. 3, Part A, Section 1.B.38.

Please note the Colorado Statutes state that any person who knowingly, as defined in §18-1-501(6), C.R.S., makes any false material statement, representation, or certification in this document is guilty of a misdemeanor and may be punished in accordance with the provisions of §25-7 122.1, C.R.S.

I, the Responsible Official, have reviewed this annual report in its entirety and, based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this report are true, accurate and complete.

Printed/Typed Name - Responsible Official:	Title:
Brad M. Rogers	Health & Environmental Manager
Signature:	Date:
	5.30.2018

Section 5: Additional Notes

\*Total AIMM inspections conducted include all initial, onetime, annual, quarterly, and monthly inspections  
\*\*Count includes daily AVO inspections that were conducted.

Section 6: Facilities Inspected

Addendum Table 1		
Plant AIRS ID (e.g., 123/7896)	Location (e.g., Lat/Long)	Facility Name

Footnotes:

<sup>1</sup> The fields shaded in blue are mandatory required elements of the annual report. The remaining information is voluntary and requested to help the Division better interpret the implementation of the leak detection and repair program.

<sup>2</sup> "# of Facilities Inspected" should reflect the total number of unique physical locations (e.g. well production facilities and natural gas compressor stations) inspected during the calendar year reported.

<sup>3</sup> The "Total # of Inspections" should reflect the number of unique facility inspections events (e.g. unique complete facility AVO and AIMM events) that occurred across all facilities (as reflected in Section 1) monitored by the company during the calendar year reporting period. This number should not reflect a count representing the number of individual component(s) monitored. In addition, re-monitoring events to verify an earlier identified leak has been repaired as required by Regulation 7, Section XVII.F.7 should not be counted in the "Total # of Inspections" reported.

<sup>4</sup> The "# of Leaks Identified" should reflect the sum total of component leaks identified during all facility inspections (e.g. AVO and AIMM) that occurred during the calendar year reported.