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| FORM INSP Rev 05/11 | State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109 |  | DE ET OE ES |
|--|--|--|----------------------|

Inspection Date:
12/06/2011

Document Number:
663800047

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

| | | | | |
|---------------------|---------------|---------------|---------------|--|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: <u>LONGWORTH, MIKE</u> |
| | <u>210938</u> | <u>334815</u> | | |

Operator Information:

OGCC Operator Number: 96850 Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC

Address: 1001 17TH STREET - SUITE #1200

City: DENVER State: CO Zip: 80202

Contact Information:

| Contact Name | Phone | Email | Comment |
|--------------|----------------|------------------------|--------------------|
| Moss, Brad | (970) 285-9377 | Brad.Moss@Williams.com | Production foreman |

Compliance Summary:

QtrQtr: NWSE Sec: 36 Twp: 6S Range: 95W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 02/24/1998 | 500142428 | CO | DG | | | | |
| 02/20/1998 | 500142427 | CO | PR | | | | |
| 01/12/2001 | 200014324 | PR | PR | S | | P | N |
| 05/11/1998 | 500142429 | CO | PR | | | F | Y |
| 09/08/1998 | 500142426 | CO | | | | | |
| 08/21/1998 | 500142425 | CO | | | | | |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|-----------------------------------|-------------------------------------|
| 210938 | WELL | PR | 02/07/1998 | | 045-06696 | FNB OF GRAND JUNCTION TR GV 87-36 | <input checked="" type="checkbox"/> |
| 262974 | WELL | PR | 08/23/2002 | GW | 045-08083 | WEDHORN PA 43-36 | <input checked="" type="checkbox"/> |

Equipment:

Location Inventory

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: _____ | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | 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: _____ | Dehydrator Units: _____ |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: _____ | Fuel Tanks: _____ |

Location

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

| Signs/Marker: | | | | |
|----------------------|-----------------------------|---|-------------------|------------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| BATTERY | Satisfactory | | | |
| WELLHEAD | Satisfactory | | | |
| TANK LABELS/PLACARDS | Satisfactory | | | |
| CONTAINERS | Unsatisfactory | tote by dehydrator needs DOT label and NFPA sticker | Get tote labeled | 12/31/2011 |

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

| Good Housekeeping: | | | | |
|---------------------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| TRASH | Satisfactory | | | |
| WEEDS | Satisfactory | | | |

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

| Fencing/: | | | | |
|------------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Satisfactory | | | |
| SEPARATOR | Satisfactory | | | |
| TANK BATTERY | Satisfactory | | | |

| Equipment: | | | | | |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Dehydrator | 1 | Satisfactory | | | |
| Deadman # & Marked | 4 | Satisfactory | | | |
| Plunger Lift | 2 | Satisfactory | | | |
| Bird Protectors | 4 | Satisfactory | | | |
| Horizontal Heated Separator | 3 | Satisfactory | | | |

Tanks/Berms: New Tank Tank ID: _____

| | | | | |
|--------------------|--------------|----------|-----------|------------------|
| Contents | # | Capacity | Type | SE GPS |
| CONDENSATE | 1 | 200 BBLS | STEEL AST | , |
| S/U/V: | Satisfactory | Comment: | | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|------------------|----------|
| Condition | Adequate |
| Other (Content) | _____ |
| Other (Capacity) | _____ |
| Other (Type) | _____ |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | Comment |
|-------------------|----------------------------|---------------------|---------------------|-----------------|----------------------------------|
| Earth | Adequate | Walls Sufficient | Base Sufficient | Inadequate | north east corner needs built up |
| Corrective Action | Build up north east corner | | | Corrective Date | 12/31/2011 |

Tanks/Berms: New Tank Tank ID: _____

| | | | | |
|--------------------|--------------|-----------|-----------|----------------------|
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 1 | <100 BBLS | STEEL AST | 39.478300,107.943670 |
| S/U/V: | Satisfactory | Comment: | | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|------------------|----------|
| Condition | Adequate |
| Other (Content) | _____ |
| Other (Capacity) | _____ |
| Other (Type) | _____ |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | Comment |
|-------------------|---------------|---------------------|---------------------|-----------------|----------------------------------|
| Earth | Inadequate | Walls Sufficient | Base Sufficient | Inadequate | north east corner needs built up |
| Corrective Action | build up berm | | | Corrective Date | 12/31/2011 |

Venting:

| | |
|--------|---------------------------|
| Yes/No | Comment |
| YES | braden venting on PA43-36 |

Flaring:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|------|-----------------------------|---------|-------------------|---------|
| | | | | |

Predrill

Location ID: 334815

Site Preparation:

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

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

Form 2A COAs:

Wildlife BMPs:

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:

Well

Facility ID: 210938 API Number: 045-06696 Status: PR Insp. Status: PR

BradenHead

Comment: No visible braden

CA: Dig out braden for monitoring

CA Date: 01/31/2012

Facility ID: 262974 API Number: 045-08083 Status: PR Insp. Status: PR

BradenHead

Comment: braden open and venting

CA: _____

CA Date: _____

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: _____

Complaint:

| Tracking Num | Category | Assigned To | Description | Incident Date |
|--------------|-----------------------------|-------------|---|---------------|
| 845426 | ENVIRONM ENTAL DAMAGE | AVIS, LOREN | COMPLAINT LODGED WITH BRIAN MACKE DURING BATTLEMENT MESA OUTREACH SESSION ON 1/16/98. GAS AND VAPOR BLOWING FREQUENTLY FROM WELL ALLEGED TO HAVE KILLED A STRIP OF TREES ON PROPERTY ADJACENT TO MR ALLEN, OWNED BY ORVILLE REDMAN. MR. REDMAN HAD SPOKEN W/ RALPH REED OF BARRETT ON 1/8/98, WHO SAID HE WOULD TAKE CARE OF IT. LETTER SENT BY COGCC TO DUANE ZAVADIL ON 1/21/98 REQUESTING PLAN OF ACTION ON THIS COMPLAINT AND COMPLAINT 845427. | 01/16/1998 |

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: _____
 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: _____

Final Reclamation/ Abandoned Location:

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

Final Land Use: _____

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 _____

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____