

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

Inspection Date: 01/24/2012

Document Number: 663900456

Overall Inspection: Satisfactory

**FIELD INSPECTION FORM**

|                     |                              |                         |               |                                     |
|---------------------|------------------------------|-------------------------|---------------|-------------------------------------|
| Location Identifier | Facility ID<br><u>253839</u> | Loc ID<br><u>303954</u> | Tracking Type | Inspector Name: <u>QUINT, CRAIG</u> |
|---------------------|------------------------------|-------------------------|---------------|-------------------------------------|

**Operator Information:**

OGCC Operator Number: 94701 Name of Operator: FIDELITY EXPLORATION & PRODUCTION COMPANY

Address: 1700 LINCOLN ST STE 2800

City: DENVER State: CO Zip: 80203

**Contact Information:**

| Contact Name  | Phone                 | Email                 | Comment             |
|---------------|-----------------------|-----------------------|---------------------|
| Andrews, Gary | 970-354-7477 (Idalia) | gary.andrews@WBIP.com | 970-332-0678 (Wray) |

**Compliance Summary:**

QtrQtr: SESE Sec: 5 Twp: 5S Range: 43W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 12/06/2010 | 200286130 | PR         | PR          | S                            |          |                | N               |
| 02/07/2008 | 200126474 | PR         | PR          | S                            |          |                | N               |
| 10/02/2006 | 200097103 | PR         | PR          | S                            |          | P              | N               |

**Inspector Comment:**

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**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name  |
|-------------|------|--------|-------------|------------|-----------|--|
| 253839      | WELL | PR     | 08/07/1995  | GW         | 125-07717 | MOELLENBERG 44-5 <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                | GRAVEL ROAD THROUGH PASTURE. |                   |      |

| <b>Signs/Marker:</b> |                             |                              |                   |         |
|----------------------|-----------------------------|------------------------------|-------------------|---------|
| Type                 | Satisfactory/Unsatisfactory | Comment                      | Corrective Action | CA Date |
| WELLHEAD             | Satisfactory                | LEASE SIGN MOUNTED ON FENCE. |                   |         |
| TANK LABELS/PLACARDS | Satisfactory                | METAL SIGN BY TANK.          |                   |         |

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

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

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

| <b>Fencing/:</b> |                             |                                    |                   |         |
|------------------|-----------------------------|------------------------------------|-------------------|---------|
| Type             | Satisfactory/Unsatisfactory | Comment                            | Corrective Action | CA Date |
| WELLHEAD         | Satisfactory                | STEEL PANELS AROUND ALL EQUIPMENT. |                   |         |

| <b>Equipment:</b>   |   |                             |                                       |                   |         |
|---------------------|---|-----------------------------|---------------------------------------|-------------------|---------|
| Type                | # | Satisfactory/Unsatisfactory | Comment                               | Corrective Action | CA Date |
| Gas Meter Run       | 1 | Satisfactory                |                                       |                   |         |
| Ancillary equipment | 2 | Satisfactory                | ELEC PANEL, METHANOL TANK (NOT USED). |                   |         |
| Vertical Separator  | 1 | Satisfactory                | 50% BURIED.                           |                   |         |
| Prime Mover         | 1 | Satisfactory                | ELEC MOTOR                            |                   |         |
| Pump Jack           | 1 | Satisfactory                | 25 JENSEN ON A CEMENT PAD.            |                   |         |

**Tanks/Berms:**  New Tank Tank ID: \_\_\_\_\_

| Contents       | # | Capacity | Type     | SE GPS                |
|----------------|---|----------|----------|-----------------------|
| PRODUCED WATER | 1 | 200 BBLS | Open Top | 39.646900,-102.197640 |

S/U/V: Satisfactory Comment: 210BBL OTFGWT 50% BURIED W/ADEQUATE WIRE WILDLIFE SCREENING.

Corrective Action: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

**Paint**

|           |                 |
|-----------|-----------------|
| Condition | <u>Adequate</u> |
|-----------|-----------------|

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

**Berms**

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

Corrective Action \_\_\_\_\_ Corrective Date \_\_\_\_\_

Comment \_\_\_\_\_

|                 |         |
|-----------------|---------|
| <b>Venting:</b> |         |
| Yes/No          | Comment |
| NO              |         |

|                 |                             |         |                   |         |
|-----------------|-----------------------------|---------|-------------------|---------|
| <b>Flaring:</b> |                             |         |                   |         |
| Type            | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|                 |                             |         |                   |         |

|  |                                      |
|--|--------------------------------------|
| <b>Predrill</b>  |                                      |
| Location ID: <u>303954</u>   |                                      |
| <b>Site Preparation:</b>   |                                      |
| Lease Road Adeq.: _____  | Pads: _____                          |
| Soil Stockpile: _____  |                                      |
| Corrective Action: _____   | Date: _____ CDP Num.: _____          |
| <b>Form 2A COAs:</b>   |                                      |
| <b>Wildlife BMPs:</b>  |                                      |
| <b>Stormwater:</b>   |                                      |
| <b>Comment:</b> _____  |                                      |
| <b>Staking:</b>  |                                      |
| <b>On Site Inspection (305):</b>   |                                      |
| <u>Surface Owner Contact Information:</u>  |                                      |
| Name: _____  | Address: _____                       |
| Phone Number: _____  | Cell Phone: _____                    |
| <u>Operator Rep. Contact Information:</u>  |                                      |
| Landman Name: _____  | Phone Number: _____                  |
| Date Onsite Request Received: _____  | Date of Rule 306 Consultation: _____ |
| Request LGD Attendance: _____  |                                      |
| <u>LGD Contact Information:</u>  |                                      |
| Name: _____  | Phone Number: _____                  |
| Agreed to Attend: _____  |                                      |
| <u>Summary of Landowner Issues:</u>  |                                      |
| _____  |                                      |
| <u>Summary of Operator Response to Landowner Issues:</u>                                 |                                      |
| _____  |                                      |
| <u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u> |                                      |
| _____  |                                      |

|                            |                              |                   |                         |
|----------------------------|------------------------------|-------------------|-------------------------|
| <b>Well</b>                |                              |                   |                         |
| Facility ID: <u>253839</u> | API Number: <u>125-07717</u> | Status: <u>PR</u> | Insp. Status: <u>PR</u> |

|                                   |                              |                               |
|-----------------------------------|------------------------------|-------------------------------|
| <b>Environmental</b>              |                              |                               |
| <b>Spills/Releases:</b>           |                              |                               |
| 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: \_\_\_\_\_

Comment: \_\_\_\_\_

- 1003a. Debris removed? Pass CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_
- Waste Material Onsite? Pass CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_
- Unused or unneeded equipment onsite? Pass CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_
- Pit, cellars, rat holes and other bores closed? Pass 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? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: \_\_\_\_\_

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? Pass

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

**RESTORATION AND REVEGETATION**

Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? \_\_\_\_\_ P \_\_\_\_\_

Comment: UNUSED AREAS OF THE LOCATION ARE PASTURE.

Overall Interim Reclamation Pass

**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 \_\_\_\_\_

Overall Final Reclamation

**Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction       | Pass            | Gravel                  | Pass                  |               |                          |         |

S/U/V: Satisfactory Corrective Date: \_\_\_\_\_

Comment: SOME AREAS OF THE WELL PAD ARE SHOWING SIGNS OF EROSION.

CA: \_\_\_\_\_