

|                               |  |  |             |
|-------------------------------|--|--|-------------|
| <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: 02/10/2012

Document Number: 659700071

Overall Inspection: Satisfactory

**FIELD INSPECTION FORM**

|                     |               |               |               |  |
|---------------------|---------------|---------------|---------------|--|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name: <u>Baroumand, Soraya</u> |
|                     | <u>260719</u> | <u>335237</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            |
|-----------------|----------------|-----------------------------|--------------------|
| Shoemaker, Mike | (970) 285-9377 | mike.shoemaker@williams.com | Environmental Lead |

**Compliance Summary:**

QtrQtr: NWSE Sec: 33 Twp: 6S Range: 96W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 04/13/2007 | 200114476 | PR         | PR          | S                            | I        | P              | N               |
| 01/29/2007 | 200107242 | PR         | PR          | U                            | I        | F              | Y               |
| 02/12/2002 | 200024934 | 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       |                                     |
|-------------|----------|--------|-------------|------------|-----------|---------------------|-------------------------------------|
| 210861      | WELL     | PR     | 10/01/1995  |            | 045-06619 | UNION GV 5-33       | <input checked="" type="checkbox"/> |
| 260719      | WELL     | PR     | 07/20/2001  | LO         | 045-07904 | UNOCAL GM 533-33    | <input checked="" type="checkbox"/> |
| 263104      | LEASE    | PR     | 02/27/2002  |            | -         | UNOCAL GM 533-33    | <input type="checkbox"/>            |
| 335237      | LOCATION | AC     | 04/14/2009  |            | -         | UNION-66S96W 33NWSE | <input 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**

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 |
| TANK BATTERY     | Satisfactory                | welded-wire |                   |         |
| SEPARATOR        | Satisfactory                | welded-wire |                   |         |
| WELLHEAD         | Satisfactory                | welded-wire |                   |         |

|                             |   |                             |         |                   |         |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| <b>Equipment:</b>           |   |                             |         |                   |         |
| Type                        | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Horizontal Heated Separator | 1 | Satisfactory                |         |                   |         |

|                     |              |                                   |                |                  |  |
|---------------------|--------------|-----------------------------------|----------------|------------------|--|
| <b>Tanks/Berms:</b> |              | <input type="checkbox"/> New Tank | Tank ID: _____ |                  |  |
| Contents            | #            | Capacity                          | Type           | SE GPS           |  |
| PRODUCED WATER      | 1            | <100 BBLS                         | STEEL AST      | ,                |  |
| S/U/V:              | Satisfactory | Comment:                          |                |                  |  |
| Corrective Action:  |              |                                   |                | Corrective Date: |  |

**Paint**

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

**Berms**

|                   |          |                     |                     |                 |  |
|-------------------|----------|---------------------|---------------------|-----------------|--|
| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |  |
| Metal             | Adequate | Walls Sufficient    | Base Sufficient     | Adequate        |  |
| Corrective Action |          |                     |                     | Corrective Date |  |
| Comment           |          |                     |                     |                 |  |

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

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

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

**Predrill**

Location ID: 335237

**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: 210861 API Number: 045-06619 Status: PR Insp. Status: PR

Facility ID: 260719 API Number: 045-07904 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: \_\_\_\_\_

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? Pass 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? \_\_\_\_\_ 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? \_\_\_\_\_ P \_\_\_\_\_

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

Overall Interim Reclamation Pass

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: \_\_\_\_\_

Inspector Name: Baroumand, Soraya

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            |
|-------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|--------------------|
| Gradient Terraces | Pass            |                         |                       |               |                          |                    |
| Other             | Pass            |                         |                       |               |                          | run-on diversions  |
| Other             | Pass            |                         |                       |               |                          | vegetated surfaces |
| Ditches           | Pass            |                         |                       |               |                          |                    |

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

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

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