

**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:

03/05/2012

Document Number:

663800200

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |               |                        |
|---------------------|---------------|---------------|---------------|------------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name:        |
|                     | <u>291311</u> | <u>311695</u> |               | <u>LONGWORTH, MIKE</u> |

**Operator Information:**OGCC Operator Number: 10079 Name of Operator: ANTERO RESOURCES PICEANCE CORPORATIONAddress: 1625 17TH ST STE 300City: DENVERState: COZip: 80202**Contact Information:**

| Contact Name | Phone        | Email                      | Comment                            |
|--------------|--------------|----------------------------|------------------------------------|
| Black, Jon   | 970 625 9922 | jblack@anteroresources.com | Operations Manager: Piceance Basin |

**Compliance Summary:**

|              |           |            |             |                              |            |                |                 |
|--------------|-----------|------------|-------------|------------------------------|------------|----------------|-----------------|
| QtrQtr: SESE |           | Sec: 17    | Twp: 6S     |                              | Range: 92W |                |                 |
| Insp. Date   | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I   | Pas/Fail (P/F) | Violation (Y/N) |
| 12/12/2010   | 200291144 | PR         | PR          | S                            |            |                | N               |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type     | Status | Status Date | Well Class | API Num   | Facility Name        |                                     |
|-------------|----------|--------|-------------|------------|-----------|----------------------|-------------------------------------|
| 291309      | WELL     | PR     | 01/09/2008  | GW         | 045-14329 | GENTRY C3            | <input checked="" type="checkbox"/> |
| 291310      | WELL     | PR     | 07/09/2007  | LO         | 045-14328 | GENTRY C2            | <input checked="" type="checkbox"/> |
| 291311      | WELL     | PR     | 01/30/2008  | OW         | 045-14327 | GENTRY C1            | <input checked="" type="checkbox"/> |
| 291312      | WELL     | PR     |             | GW         | 045-14326 | GENTRY C4            | <input checked="" type="checkbox"/> |
| 294139      | WELL     | PR     | 12/28/2007  | LO         | 045-15269 | GENTRY C12           | <input checked="" type="checkbox"/> |
| 294140      | WELL     | XX     | 12/28/2007  | LO         | 045-15270 | GENTRY C11           | <input checked="" type="checkbox"/> |
| 294141      | WELL     | PR     |             | GW         | 045-15271 | GENTRY C9            | <input checked="" type="checkbox"/> |
| 294143      | WELL     | PR     | 12/28/2007  | LO         | 045-15272 | GENTRY C8            | <input checked="" type="checkbox"/> |
| 294145      | WELL     | XX     | 10/05/2011  | LO         | 045-15273 | GENTRY C7            | <input checked="" type="checkbox"/> |
| 294177      | WELL     | PR     | 01/04/2008  | LO         | 045-15297 | GENTRY C10           | <input checked="" type="checkbox"/> |
| 294178      | WELL     | PR     | 01/04/2008  | LO         | 045-15298 | GENTRY C5            | <input checked="" type="checkbox"/> |
| 295546      | PIT      | AC     | 04/15/2008  |            | -         | GENTRY C PAD         | <input type="checkbox"/>            |
| 311695      | LOCATION | AC     | 04/14/2009  |            | -         | GENTRY-66S92W 17SESE | <input type="checkbox"/>            |

**Equipment:**Location Inventory

Inspector Name: LONGWORTH, MIKE

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 |
|----------------------|-----------------------------|---------|-------------------|---------|
| WELLHEAD             | Satisfactory                |         |                   |         |
| BATTERY              | Satisfactory                |         |                   |         |
| TANK LABELS/PLACARDS | Satisfactory                |         |                   |         |

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

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

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

#### Good Housekeeping:

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

#### Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

#### Fencing/:

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

#### Equipment:

| Type               | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|--------------------|---|-----------------------------|---------|-------------------|---------|
| Plunger Lift       | 1 | Satisfactory                |         |                   |         |
| Deadman # & Marked | 7 | Satisfactory                |         |                   |         |

Inspector Name: LONGWORTH, MIKE

|   |                             |                     |                     |             |
|---|-----------------------------|---------------------|---------------------|-------------|
| <b>Tanks/Berms:</b> <input type="checkbox"/> New Tank    Tank ID: _____ |                             |                     |                     |             |
| Contents  | #                           | Capacity            | Type                | SE GPS      |
| PRODUCED WATER  | 6                           | 300 BBLS            | STEEL AST           | ,           |
| S/U/V:  | Satisfactory                |                     | Comment:            |             |
| Corrective Action:  |                             |                     | Corrective Date:    |             |
| <b>Paint</b>  |                             |                     |                     |             |
| Condition   | Adequate                    |                     |                     |             |
| Other (Content) _____   |                             |                     |                     |             |
| Other (Capacity) _____  |                             |                     |                     |             |
| Other (Type) _____  |                             |                     |                     |             |
| <b>Berms</b>  |                             |                     |                     |             |
| 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: 311695

**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: 291309 API Number: 045-14329 Status: PR Insp. Status: PR

Facility ID: 291310 API Number: 045-14328 Status: PR Insp. Status: PR

Facility ID: 291311 API Number: 045-14327 Status: PR Insp. Status: PR

Facility ID: 291312 API Number: 045-14326 Status: PR Insp. Status: PR

Facility ID: 294139 API Number: 045-15269 Status: PR Insp. Status: PR

Facility ID: 294140 API Number: 045-15270 Status: XX Insp. Status: ND

Facility ID: 294141 API Number: 045-15271 Status: PR Insp. Status: PR

Facility ID: 294143 API Number: 045-15272 Status: PR Insp. Status: PR

Facility ID: 294145 API Number: 045-15273 Status: XX Insp. Status: ND

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Facility ID: 294177 API Number: 045-15297 Status: PR Insp. Status: PR

Facility ID: 294178 API Number: 045-15298 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? 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?

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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: \_\_\_\_\_

Overall Interim Reclamation

**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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

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

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

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

|         |             |            |                 |
|---------|-------------|------------|-----------------|
| Permit: | Facility ID | Permit Num | Expiration Date |
|         | 295546      | 1433859    |                 |
|         | 295546      | 1433859    |                 |