

FORM INSP	State of Colorado	DE	ET	OE	ES
Rev 05/11	Oil and Gas Conservation Commission	Inspection Date: <u>03/21/2012</u>			
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		Document Number: <u>668500012</u>			
FIELD INSPECTION FORM		Overall Inspection: <u>Satisfactory</u>			



Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>Baroumand, Soraya</u>
	<u>293342</u>	<u>335551</u>		

Operator Information:

OGCC Operator Number: 10079 Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION

Address: 1625 17TH ST STE 300

City: DENVER State: CO Zip: 80202

Contact Information:

Contact Name	Phone	Email	Comment
Black, Jon	(970) 625-9922	jblack@anteroresources.com	Operations Manager - Piceance
Moll, Tara		tmol@anteroresources.com	
Costanza, Kip	(970) 625-9922	dirthoe@msn.com	Construction & Earthwork

Compliance Summary:

QtrQtr: SWNW 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)
06/08/2010	200257785	SR	PR	S			N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
293334	WELL	XX	11/04/2008	LO	045-14949	DEVER C11	X
293335	WELL	XX	11/04/2008	LO	045-14948	DEVER C10	X
293336	WELL	PR	12/28/2011	OG	045-14947	DEVER C9	X
293337	WELL	PR	11/06/2007	LO	045-14946	DEVER C8	X
293338	WELL	SI	09/30/2008	LO	045-14945	DEVER C7	X
293339	WELL	XX	11/04/2008	LO	045-14944	DEVER C6	X
293340	WELL	XX	11/04/2008	LO	045-14943	DEVER C5	X
293341	WELL	PR	11/06/2007	LO	045-14942	DEVER C4	X
293342	WELL	PR	11/06/2007	LO	045-14941	DEVER C3	X
293343	WELL	XX	11/04/2008	LO	045-14940	DEVER C2	X
293344	WELL	XX	11/04/2008	LO	045-14939	DEVER C1	X
301600	WELL	XX	02/17/2009	LO	045-18204	DEVER C14	X
301601	WELL	XX	02/17/2009	LO	045-18205	DEVER C13	X
301602	WELL	XX	02/17/2009	LO	045-18206	DEVER C12	X
335551	LOCATION	AC	04/14/2009		-	DEVER-66S92W 17SWNW	X

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: _____

Spills:

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

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	2	Satisfactory	2 dual units		
Bird Protectors		Satisfactory			

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	6	300 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: _____

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 33551

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: <u>293334</u>	API Number: <u>045-14949</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>293335</u>	API Number: <u>045-14948</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>293336</u>	API Number: <u>045-14947</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>293337</u>	API Number: <u>045-14946</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>293338</u>	API Number: <u>045-14945</u>	Status: <u>SI</u>	Insp. Status: <u>PR</u>
Facility ID: <u>293339</u>	API Number: <u>045-14944</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>293340</u>	API Number: <u>045-14943</u>	Status: <u>XX</u>	Insp. Status: <u>ND</u>
Facility ID: <u>293341</u>	API Number: <u>045-14942</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>293342</u>	API Number: <u>045-14941</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>

Facility ID: 293343	API Number: 045-14940	Status: XX	Insp. Status: ND
Facility ID: 293344	API Number: 045-14939	Status: XX	Insp. Status: ND
Facility ID: 301600	API Number: 045-18204	Status: XX	Insp. Status: ND
Facility ID: 301601	API Number: 045-18205	Status: XX	Insp. Status: ND
Facility ID: 301602	API Number: 045-18206	Status: XX	Insp. Status: ND

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? _____ Production areas stabilized? Pass

1003c. Compacted areas have been cross ripped? Pass

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? 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 _____

1003 f. Weeds Noxious weeds? P

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
Ditches	Pass					
Berms	Pass					
Blankets	Pass					

Inspector Name: Baroumand, Soraya

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____