

**FORM
INSP**Rev
05/11**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
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Inspection Date:

06/27/2012

Document Number:

661700402

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: LABOWSKIE, STEVE
	271996	311961		

Operator Information:OGCC Operator Number: 76104 Name of Operator: SAMSON RESOURCES COMPANYAddress: TWO WEST SECOND STCity: TULSA State: OK Zip: 74103**Contact Information:**

Contact Name	Phone	Email	Comment
Lehr, Heidi		hlehr@samson.com	

Compliance Summary:

QtrQtr: <u>SWNE</u>	Sec: <u>24</u>	Twp: <u>33N</u>	Range: <u>8W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/07/2011	200307229	PR	PR	S			N
06/10/2008	200191336	PR	PR	S			N
09/08/2004	200065416	PR	PR	S		P	N

Inspector Comment:

all 3 wells producing, 2 have SI status

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
214382	WELL	PA	06/15/1978	GW	067-05797	MCELVAIN 3	<input type="checkbox"/>
216466	WELL	PR	04/22/1997	GW	067-08072	PIKES PEAK 1A	<input type="checkbox"/>
271996	WELL	PR	09/03/2004	GW	067-08944	PAYNE 33-8-24 4	<input checked="" type="checkbox"/>
285659	WELL	DA	02/06/2007	LO	067-09202	PAYNE 33-8-24 5	<input type="checkbox"/>
285660	WELL	SI	01/11/2012	GW	067-09203	PAYNE 33-8-24 6	<input checked="" type="checkbox"/>
289618	WELL	SI	02/06/2012	GW	067-09335	PAYNE 33-8-24 5X	<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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
CONTAINERS	Unsatisfactory	lube oil drums need some kind of contents/NFPA labeling	Install labels to comply with rule 210.d.	08/15/2012

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	3				
Pump Jack	3		all with partial sound walls		
Gas Meter Run	3				
Bird Protectors	3				
Flow Line	3				
Deadman # & Marked	6		at least 6, several need remarking		
Prime Mover	3				

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
LUBE OIL	3	OTHER	OTHER	,

S/U/V: **Unsatisfactory** Comment: no NFPA, so 2ndry containment on these small drums

Corrective Action: _____ Corrective Date: 08/21/2012

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 15 gal? _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action _____ Corrective Date _____

Comment _____

Venting:

Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 311961

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:** _____**CA:** _____**Date:** _____**Wildlife BMPs:****Comment:** _____**CA:** _____**Date:** _____**Stormwater:**

Erosion BMPs	Present	Other BMPs	Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

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:****Facility**

Facility ID: 271996 Type: WELL API Number: 067-08944 Status: PR Insp. Status: PR

Producing WellComment: Facility ID: 285660 Type: WELL API Number: 067-09203 Status: SI Insp. Status: SI**Producing Well**Comment: Facility ID: 289618 Type: WELL API Number: 067-09335 Status: SI Insp. Status: SI**Producing Well**Comment: **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:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

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? In CM _____

CA _____ CA Date _____

1003b. Area no longer in use? In Production areas stabilized ? Pass 1003c. Compacted areas have been cross ripped? Pass 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? In 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-CroplandTop soil replaced Pass Recontoured Pass 80% Revegetation In 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: _____

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	MHSP		

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

