

**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:

661700408

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>260415</u>	<u>333565</u>		<u>LABOWSKIE, STEVE</u>

Operator Information:OGCC Operator Number: 76104 Name of Operator: SAMSON RESOURCES COMPANYAddress: TWO WEST SECOND STCity: TULSA State: OK Zip: 74103**Contact Information:****Compliance Summary:**QtrQtr: NWSW Sec: 24 Twp: 33N Range: 8W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/07/2011	200307220	PR	PR	S			N
10/07/2008	200196328	PR	PR	S			N
02/02/2006	200088299	PR	PR	S		P	N
02/10/2004	200052807	PR	PR	S		P	N
10/01/2003	200047118	BH	PR	S		P	N
10/01/2003	200046680	BH	PR	S			
03/04/2003	200037935	PR	PR	S		P	N

Inspector Comment:

a few weeds on interim

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
215057	WELL	PR	12/02/1983	GW	067-06662	AMOCO GAS UNIT 1-A	<input type="checkbox"/>
260415	WELL	PR	03/22/2002	GW	067-08492	EAKES 24-3	<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
WELLHEAD	Satisfactory			

Inspector Name: LABOWSKIE, STEVE

Emergency Contact Number: (S/U/V) Unsatisfactory

Corrective Date: 08/01/2012

Comment:

Corrective Action: install conspicuous 24-hour operator contact number

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
PUMP JACK	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	1		AC		
Pump Jack	1				
Deadman # & Marked	2		at least 2 marked		
Ancillary equipment	1		tel		
Bird Protectors	1				
Flow Line	1				
Prime Mover	1				
Gas Meter Run	1				

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 333565

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: 260415 Type: WELL API Number: 067-08492 Status: PR Insp. Status: PR

Producing Well**Comment:****Environmental****Spills/Releases:**

Inspector Name: LABOWSKIE, STEVE

Type of Spill: _____	Description: _____	Estimated Spill Volume: _____
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
1003a.	Debris removed? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Waste Material Onsite? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Unused or unneeded equipment onsite? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Guy line anchors removed? _____ CM _____
	CA _____ CA Date _____
	Guy line anchors marked? <u>Pass</u> CM _____
	CA _____ CA Date _____
1003b.	Area no longer in use? <u>In</u> Production areas stabilized ? <u>Pass</u>
1003c.	Compacted areas have been cross ripped? <u>Pass</u>
1003d.	Drilling pit closed? <u>Pass</u> Subsidence over on drill pit? <u>Pass</u>
	Cuttings management: _____
1003e.	Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? <u>In</u>
	Production areas have been stabilized? <u>Pass</u> Segregated soils have been replaced? <u>Pass</u>
RESTORATION AND REVEGETATION	
<u>Cropland</u>	

Inspector Name: LABOWSKIE, STEVE

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass

Recontoured Pass

80% Revegetation In

1003 f. Weeds Noxious weeds? I

Comment: a few weeds in reveg area

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

S/U/V: Satisfactory

Corrective Date: _____

Comment: _____

CA: _____