

**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:

07/09/2012

Document Number:

661700452

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

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

283458 311915 _____

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>SESE</u>	Sec: <u>10</u>	Twp: <u>33N</u>	Range: <u>7W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/08/2011	200302498	PR	PR	S			N
07/22/2009	200236617	PR	PR	S			N
01/15/2008	200125346	PR	PR	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
216407	WELL	PR	05/11/1996	GW	067-08013	COVEY 33-7-10 1	<input checked="" type="checkbox"/>
283458	WELL	SI	12/28/2011	GW	067-09116	COVEY 33-7-10 5	<input checked="" type="checkbox"/>
291996	WELL	SI	02/06/2012	GW	067-09386	COVEY 33-7-10 1R	<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			

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

Corrective Date: _____

Inspector Name: LABOWSKIE, STEVE

Comment:	
Corrective Action:	

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> 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	Satisfactory	telemetry		
Gas Meter Run	1		old?		
Ancillary equipment	1	Satisfactory	buried culvert		
Ancillary equipment	2		pump controller and AC equipmnet		
Flow Line	1		old?		
Pump Jack	2	Satisfactory			
Ancillary equipment	2	Satisfactory	stingers		
Bird Protectors	2	Satisfactory			
Horizontal Heated Separator	2	Satisfactory	combined units with meter run		
Prime Mover	2	Satisfactory	elec.		
Gas Meter Run	2	Satisfactory			
Deadman # & Marked	2	Unsatisfactory	at least 2 need remarking	find and mark all anchors or remove anchors if not going to be used again	08/15/2012

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 311915

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: 216407 Type: WELL API Number: 067-08013 Status: PR Insp. Status: PR

Producing Well

Comment: PA marker, no production reported since 2006

Facility ID: 283458 Type: WELL API Number: 067-09116 Status: SI Insp. Status: PR

Producing Well

Comment: active, producing at time of inspection

Facility ID: 291996 Type: WELL API Number: 067-09386 Status: SI Insp. Status: PR

Producing Well

Comment: producing at time of inspection

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: good gravel, weeds in corners, decent reveg, now in poor condition due to drought

1003a. Debris removed? Pass CM

CA CA Date

Waste Material Onsite? Pass CM

CA CA Date

Unused or unneeded equipment onsite? In CM possible old unused meter & FL

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

Inspector Name: LABOWSKIE, STEVE

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-Cropland

Top 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

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____