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|--|---|--|---|----|----|----|----|
| <b>FORM<br/>INSP</b><br><small>Rev<br/>05/11</small> | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br><small>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</small> |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> | DE | ET | OE | ES |
| DE   | ET  | OE   | ES  |    |    |    |    |

Inspection Date: 06/08/2012

Document Number: 662300578

Overall Inspection: **Violation**

**FIELD INSPECTION FORM**

|                     |               |               |               |                                     |
|---------------------|---------------|---------------|---------------|-------------------------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name: <u>NEIDEL, KRIS</u> |
|                     | <u>232600</u> | <u>316742</u> |               |                                     |

**Operator Information:**

OGCC Operator Number: 10397 Name of Operator: CWC OIL AND GAS LLC

Address: 607 RAILROAD AVENUE

City: GILCREST State: CO Zip: 80623

**Contact Information:**

| Contact Name | Phone | Email             | Comment |
|--------------|-------|-------------------|---------|
| beau,bayer   |       | beau@chemweed.com |         |

**Compliance Summary:**

QtrQtr: SWNW Sec: 31 Twp: 5N Range: 87W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 12/08/2011 | 662300045 | PR         | PR          | S                            |          |                | N               |
| 07/16/2002 | 200030461 | ID         | SI          | S                            |          | P              | N               |

**Inspector Comment:**

no separator on location.

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name   |                                     |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------------------------------|
| 232600      | WELL | PR     | 09/27/2006  |            | 107-06013 | MARY HITE FEE 1 | <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**

| <b>Signs/Marker:</b> |                             |                                   |   |            |
|----------------------|-----------------------------|-----------------------------------|---|------------|
| Type                 | Satisfactory/Unsatisfactory | Comment                           | Corrective Action                       | CA Date    |
| BATTERY              | Unsatisfactory              | see rule for requirments of rule. | Install sign to comply with rule 210.b. | 08/15/2012 |

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 08/15/2012

Comment: no emergency number on location

Corrective Action: Install sign to comply with rule 210.b.

| <b>Good Housekeeping:</b> |                             |                  |                                   |            |
|---------------------------|-----------------------------|------------------|-----------------------------------|------------|
| Type                      | Satisfactory/Unsatisfactory | Comment          | Corrective Action                 | CA Date    |
| WEEDS                     | Unsatisfactory              | at tank battery. | Treat/remove weeds per rule 603.j | 08/15/2012 |

| <b>Spills:</b> |          |           |  |            |
|----------------|----------|-----------|--|------------|
| Type           | Area     | Volume    | Corrective action                                | CA Date    |
| Crude Oil      | WELLHEAD | <= 5 bbls | Evaluate practice to prevent spills at wellhead. | 07/25/2012 |

Multiple Spills and Releases?

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

| Contents           | #         | Capacity | Type      | SE GPS           |
|--------------------|-----------|----------|-----------|------------------|
| CRUDE OIL          | 1         | 300 BBLs | STEEL AST | ,                |
| S/U/V:             | Violation | Comment: |           |                  |
| Corrective Action: |           |          |           | Corrective Date: |

**Paint**

|           |          |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

**Berms**

| Type              | Capacity                    | Permeability (Wall) | Permeability (Base) | Maintenance                |
|-------------------|-----------------------------|---------------------|---------------------|----------------------------|
| Earth             | Inadequate                  | Walls Sufficient    | Base Insufficient   | Inadequate                 |
| Corrective Action | Increase berm capacity.     |                     |                     | Corrective Date 09/01/2012 |
| Comment           | capacity not good at 1 AGT. |                     |                     |                            |

| <b>Venting:</b> |   |
|-----------------|---|
| Yes/No          | Comment                                       |
| YES             | at AGT, is sundry on file for venting of gas? |

| <b>Flaring:</b> |                             |         |                   |         |
|-----------------|-----------------------------|---------|-------------------|---------|
| Type            | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|                 |                             |         |                   |         |

**Predrill**

Location ID: 316742

**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: 232600 Type: WELL API Number: 107-06013 Status: PR Insp. Status: PR

**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? Pass CM \_\_\_\_\_  
 CA \_\_\_\_\_ CA Date \_\_\_\_\_

1003b. Area no longer in use? Pass Production areas stabilized ? \_\_\_\_\_

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

1003d. Drilling pit closed? Pass 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? \_\_\_\_\_

**RESTORATION AND REVEGETATION**

Cropland

Inspector Name: NEIDEL, KRIS

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 \_\_\_\_\_ 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 \_\_\_\_\_ Multi-Well Location

**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: \_\_\_\_\_