

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:
08/30/2012

Document Number:
668100131

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>KELLERBY, SHAUN</u>
	<u>335542</u>	<u>335542</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/(435) 237-1169	jblack@anteroresources.com	Operations Manager: Piceance Basin

Compliance Summary:

QtrQtr: SENE Sec: 15 Twp: 6S Range: 92W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
288403	WELL	XX	06/08/2012	LO	045-13231	Valley Farms E1	X
288404	WELL	XX	06/08/2012	LO	045-13230	Valley Farms E2	X
288405	WELL	XX	06/08/2012	LO	045-13229	Valley Farms E3	X
288406	WELL	XX	06/08/2012	LO	045-13228	Valley Farms E4	X
288407	WELL	PR	07/01/2011	GW	045-13227	VALLEY FARMS E5	X
288408	WELL	PR	03/24/2010	GW	045-13226	VALLEY FARMS E6	X
288409	WELL	XX	06/08/2012	LO	045-13225	Valley Farms E7	X
288410	WELL	XX	06/08/2012	LO	045-13224	Valley Farms E8	X
288411	WELL	PR	01/22/2010	GW	045-13223	VALLEY FARMS E9	X
288412	WELL	PR	12/25/2009	GW	045-13222	VALLEY FARMS E10	X
288413	WELL	PR	01/05/2010	OG	045-13221	VALLEY FARMS E11	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

Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory			

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?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Emission Control Device		Satisfactory			
Horizontal Heated Separator	8	Satisfactory			
Bird Protectors		Satisfactory			
Deadman # & Marked		Satisfactory			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	,

S/U/V: Satisfactory Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate			Adequate	
Corrective Action				Corrective Date	
Comment					

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	4	300 BBLS	STEEL AST		
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate			Adequate	
Corrective Action					Corrective Date
Comment					
Venting:					
Yes/No	Comment				
NO					
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory	8.5 Psi on gauge, pilot was lit on burner.			

Predrill

Location ID: 335542

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: 288403 Type: WELL API Number: 045-13231 Status: XX Insp. Status: ND

Complaint

Comment: _____

Facility ID: 288404 Type: WELL API Number: 045-13230 Status: XX Insp. Status: ND

Complaint

Comment:

Facility ID: 288405 Type: WELL API Number: 045-13229 Status: XX Insp. Status: ND

Complaint

Comment:

Facility ID: 288406 Type: WELL API Number: 045-13228 Status: XX Insp. Status: ND

Complaint

Comment:

Facility ID: 288407 Type: WELL API Number: 045-13227 Status: PR Insp. Status: PR

Facility ID: 288408 Type: WELL API Number: 045-13226 Status: PR Insp. Status: PR

Facility ID: 288409 Type: WELL API Number: 045-13225 Status: XX Insp. Status: DG

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids

Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment:

Facility ID: 288410 Type: WELL API Number: 045-13224 Status: XX Insp. Status: ND

Complaint

Comment:

Facility ID: 288411 Type: WELL API Number: 045-13223 Status: PR Insp. Status: PR

Facility ID: 288412 Type: WELL API Number: 045-13222 Status: PR Insp. Status: PR

Facility ID: 288413 Type: WELL API Number: 045-13221 Status: PR Insp. Status: PR

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? In CM Some Rig equipment stacked on pad at the time of inspection

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? In CM _____

CA _____ CA Date _____

Guy line anchors removed? In CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass CM _____

CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? _____

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? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

Comment:

Overall Interim Reclamation In Process

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
Berms	Pass					
Blankets	Pass	Gravel	Pass			
Waddles	Pass					

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: Partial Blankets on berms.

CA:

COGCC Comments

Comment	User	Date
Inspection in response to a complaint, Doc#200361831, of Antero conducting improper flaring operations on an Antero well pad located in the Mineota Estate subdivision. No activity was found on this well pad during the time of inspection. No portable flaring equipment was present during inspection of this well pad.	kellerbs	08/30/2012