

**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 |
|----|----|----|----|

Inspection Date:

12/11/2012

Document Number:

668200363

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|---------------|-------------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: LEONARD, MIKE |
| | 209725 | 322209 | | |

Operator Information:OGCC Operator Number: 10133 Name of Operator: HILCORP ENERGY COMPANYAddress: P O BOX 61229City: HOUSTONState: TXZip: 77208**Contact Information:**

| Contact Name | Phone | Email | Comment |
|----------------|--------------|-----------------------|---------|
| McKnight, John | 713-209-2494 | jmcknight@hilcorp.com | |

Compliance Summary:QtrQtr: SESW Sec: 9 Twp: 6S Range: 62W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 08/14/2012 | 668200107 | PR | PR | S | P | | N |
| 03/17/2010 | 200236607 | PR | PR | S | | | N |
| 12/08/2008 | 200203947 | PR | PR | U | | | Y |
| 02/21/2005 | 200066915 | PR | PR | U | | F | Y |
| 08/13/2004 | 1230132 | ES | PR | S | | | N |
| 08/15/1995 | 500141650 | DG | WO | | | P | N |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------------------------------|
| 209725 | WELL | PR | 02/28/2008 | GW | 039-06630 | HSR-WHITEHEAD 14-9 | <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 Motors: _____ | 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: LEONARD, MIKE

| | | | | |
|----------------------|--------------|-----------------------------|--|--|
| TANK LABELS/PLACARDS | Satisfactory | LABELS INSTALLED AS REUIRED | | |
| 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 |
| PUMP JACK | Satisfactory | BARBED WIRE | | |
| WELLHEAD | Satisfactory | STEEL PANELS | | |
| TANK BATTERY | Satisfactory | BARBED WIRE | | |

| | | | | | |
|-----------------------------|---|-----------------------------|----------------------------|-------------------|---------|
| Equipment: | | | | | |
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Pump Jack | 1 | Satisfactory | STANDARD | | |
| Gas Meter Run | 2 | Satisfactory | AT HGS | | |
| Bird Protectors | 1 | Satisfactory | | | |
| Deadman # & Marked | 4 | Satisfactory | | | |
| Prime Mover | 1 | Satisfactory | NATURAL GAS ENGINE | | |
| Horizontal Heated Separator | 1 | Satisfactory | BERMS REPAIRED AS REQUIRED | | |
| Ancillary equipment | 1 | Satisfactory | PROPANE TANK | | |

| | | | | |
|---|---|-----------|------------------------|------------------|
| Facilities: <input type="checkbox"/> New Tank Tank ID: _____ | | | | |
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 1 | <100 BBLS | FIBERGLASS AST | , |
| S/U/V: | | Comment: | SAME BERMS AS OIL TANK | |
| Corrective Action: | | | | Corrective Date: |

| | | | | |
|------------------|--|--|--|--|
| Paint | | | | |
| Condition | | | | |
| Other (Content) | | | | |
| Other (Capacity) | | | | |
| Other (Type) | | | | |

| | | | | |
|-------------------|----------|---------------------|---------------------|-----------------|
| Berms | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

Inspector Name: LEONARD, MIKE

| | | | | |
|------------------------|-----------------------------|-----------------------------------|---------------------|-------------|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS |
| CRUDE OIL | 1 | 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 |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate |
| Corrective Action | | | Corrective Date | |
| Comment | | | | |
| Venting: | | | | |
| Yes/No | | Comment | | |
| NO | | | | |
| Flaring: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 322209

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: 209725 Type: WELL API Number: 039-06630 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING

Environmental**Spills/Releases:**

Inspector Name: LEONARD, MIKE

| | | |
|--|------------------------------|-------------------------------|
| 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>Pass</u> Production areas stabilized ? _____ |
| 1003c. | Compacted areas have been cross ripped? _____ |
| 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>Pass</u> |
| | Production areas have been stabilized? <u>Pass</u> Segregated soils have been replaced? _____ |
| RESTORATION AND REVEGETATION | |
| <u>Cropland</u> | |

Inspector Name: LEONARD, MIKE

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass

Recontoured Pass

80% Revegetation Pass

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 _____

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: Satisfactory Corrective Date: _____

Comment: NO ISSUES OBSERVED

CA: _____