

**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



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Inspection Date:

01/03/2013

Document Number:

663800652

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier: 301942 Facility ID: 335534 Loc ID: Tracking Type: Inspector Name: LONGWORTH, MIKE

Operator Information:OGCC Operator Number: 10079 Name of Operator: ANTERO RESOURCES PICEANCE CORPORATIONAddress: 1625 17TH ST STE 300City: DENVERState: COZip: 80202**Contact Information:**

Contact Name	Phone	Email	Comment
Black, Jon	970 625 9922	jblack@anteroresources.com	Operations Manager: Piceance Basin

Compliance Summary:QtrQtr: NWNE Sec: 15 Twp: 6S Range: 92W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
284082	WELL	XX	08/21/2012	LO	045-12084	Valley Farms D2	X
284083	WELL	PR	11/21/2009	GW	045-12083	VALLEY FARMS D1	X
284084	WELL	SI	10/29/2012	GW	045-12082	VALLEY FARMS D3	X
288635	WELL	PR	11/17/2009	GW	045-13298	VALLEY FARMS D10	X
288636	WELL	XX	08/21/2012	LO	045-13297	Valley Farms D12	X
290434	WELL	PR	03/30/2012	GW	045-14109	VALLEY FARMS D13	X
301937	WELL	XX	08/21/2012	LO	045-18331	Valley Farms D14	X
301938	WELL	XX	08/21/2012	LO	045-18332	Valley Farms D11	X
301939	WELL	XX	08/21/2012	LO	045-18333	Valley Farms D9	X
301940	WELL	XX	08/21/2012	LO	045-18334	Valley Farms D8	X
301941	WELL	XX	08/21/2012	LO	045-18335	Valley Farms D7	X
301942	WELL	XX	08/21/2012	LO	045-18336	Valley Farms D6	X
301943	WELL	XX	08/21/2012	LO	045-18337	Valley Farms D5	X
301944	WELL	XX	08/21/2012	LO	045-18338	Valley Farms D4	X

Equipment:Location Inventory

Special Purpose Pits: <u> </u>	Drilling Pits: <u> </u>	Wells: <u> </u>	Production Pits: <u> </u>
Condensate Tanks: <u> </u>	Water Tanks: <u> </u>	Separators: <u> </u>	Electric Motors: <u> </u>
Gas or Diesel Mortors: <u> </u>	Cavity Pumps: <u> </u>	LACT Unit: <u> </u>	Pump Jacks: <u> </u>
Electric Generators: <u> </u>	Gas Pipeline: <u> </u>	Oil Pipeline: <u> </u>	Water Pipeline: <u> </u>
Gas Compressors: <u> </u>	VOC Combustor: <u> </u>	Oil Tanks: <u> </u>	Dehydrator Units: <u> </u>
Multi-Well Pits: <u> </u>	Pigging Station: <u> </u>	Flare: <u> </u>	Fuel Tanks: <u> </u>

Location**Signs/Marker:**

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

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
WELLHEAD	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	6	Satisfactory			
Ancillary equipment	1	Satisfactory	PUMP/PUMP SHED		
Bird Protectors	5	Satisfactory			
Deadman # & Marked	1	Satisfactory			

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 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

Corrective Action _____

Corrective Date _____

Comment _____

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	300 BBLS	STEEL AST	39.531240,107.652620	
S/U/V:	Satisfactory		Comment: _____		
Corrective Action: _____				Corrective Date: _____	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Corrective Action				Corrective Date	
Comment					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	300 BBLS	STEEL AST	39.530960,107.652760	
S/U/V:	Satisfactory		Comment: _____		
Corrective Action: _____				Corrective Date: _____	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Corrective Action				Corrective Date	
Comment					

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	2	200 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	
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	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No	Comment				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 335534

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: 284082 Type: WELL API Number: 045-12084 Status: XX Insp. Status: ND

Facility ID: 284083 Type: WELL API Number: 045-12083 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 284084 Type: WELL API Number: 045-12082 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 3200 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: COZZ

TC: Pressure or inches of Hg 1478 Previous Test Pressure _____ Last MIT: 12/13/2010

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 288635 Type: WELL API Number: 045-13298 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 288636 Type: WELL API Number: 045-13297 Status: XX Insp. Status: ND

Facility ID: 290434 Type: WELL API Number: 045-14109 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 301937 Type: WELL API Number: 045-18331 Status: XX Insp. Status: ND

Facility ID: 301938 Type: WELL API Number: 045-18332 Status: XX Insp. Status: ND

Facility ID: 301939 Type: WELL API Number: 045-18333 Status: XX Insp. Status: ND

Facility ID: 301940 Type: WELL API Number: 045-18334 Status: XX Insp. Status: ND

Facility ID: 301941 Type: WELL API Number: 045-18335 Status: XX Insp. Status: ND

Facility ID: 301942 Type: WELL API Number: 045-18336 Status: XX Insp. Status: ND

Facility ID: 301943 Type: WELL API Number: 045-18337 Status: XX Insp. Status: ND

Facility ID: 301944 Type: WELL API Number: 045-18338 Status: XX Insp. Status: ND

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Inspector Name: LONGWORTH, MIKE

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? <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>
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1003c.	Compacted areas have been cross ripped? _____
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1003d.	Drilling pit closed? <u>Pass</u>	Subsidence over on drill pit? _____
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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? _____	Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

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

Inspector Name: LONGWORTH, MIKE

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation

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
Gravel	Pass	Gravel	Pass			
Berms	Pass	Berms	Pass			
Compaction	Pass	Culverts	Pass			
Blankets	Pass	Compaction	Pass			
Silt Fences	Pass	Ditches	Pass			

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

Comment: _____

CA: _____