

**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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| DE | ET | OE | ES |
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Inspection Date:

03/12/2013

Document Number:

670200262

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|-----------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection |
| | 293821 | 335548 | BURGER, CRAIG | <input type="checkbox"/> 2A Doc Num: _____ |

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 |
|-----------------|--------------|----------------------------|--------------------------------------|
| Kellerby, Shaun | | Shaun.Kellerby@state.co.us | NW Field Supervisor |
| Bleil, Robert | 720-425-0303 | rbleil@ursaresources.com | Regulatory and Environmental Manager |

Compliance Summary:QtrQtr: SWNW Sec: 16 Twp: 6S Range: 92W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 12/12/2010 | 200291124 | PR | PR | S | | | N |

Inspector Comment:

API # 045-15128 is an abandoned location, permit expired. Surface casing was installed. Surface casing is open and appears to be plugged with bentonite. API # 045-15132 permit expires 2014. Surface casing was installed. Surface casing is open and water is present in pipe. The cellars on site are covered by grates and a cattle panel fence is around the wellheads.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------------------------------|
| 293821 | WELL | PR | 11/30/2007 | GW | 045-15127 | WEINREIS A6 | <input checked="" type="checkbox"/> |
| 293822 | WELL | AL | 06/16/2011 | LO | 045-15128 | WEINREIS A5 | <input checked="" type="checkbox"/> |
| 293823 | WELL | PR | 11/30/2007 | GW | 045-15129 | WEINREIS A4 | <input checked="" type="checkbox"/> |
| 293824 | WELL | PR | 11/30/2007 | GW | 045-15130 | WEINREIS A3 | <input checked="" type="checkbox"/> |
| 293825 | WELL | PR | 11/30/2007 | GW | 045-15131 | WEINREIS A2 | <input checked="" type="checkbox"/> |
| 293826 | WELL | XX | 08/21/2012 | LO | 045-15132 | Weinreis A1 | <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 | | | |
| 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 |
| Plunger Lift | 3 | Satisfactory | | | |
| Flow Line | 1 | Satisfactory | | | |
| Emission Control Device | 1 | Satisfactory | | | |
| Pig Station | 1 | Satisfactory | | | |
| Gas Meter Run | 2 | Satisfactory | | | |
| Bird Protectors | 3 | Satisfactory | | | |
| Deadman # & Marked | 5 | Satisfactory | | | |
| Horizontal Heated Separator | 4 | Unsatisfactory | | Provide containment at separators. | 05/15/2013 |

| | | | | | |
|------------------------|-----------------------------|-----------------------------------|---------------------|-------------------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| PRODUCED WATER | 2 | 300 BBLS | STEEL AST | , | |
| S/U/V: | Satisfactory | | Comment: | same berm as condensate tanks | |
| 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 | |
| | | | | | |
| Corrective Action | | | | Corrective Date | |
| Comment | | | | | |
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| CONDENSATE | 2 | 300 BBLS | STEEL AST | 39.527050,-107.676980 | |
| 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 Sufficient | Base Sufficient | Adequate | |
| Corrective Action | | | | Corrective Date | |
| Comment | | | | | |
| Venting: | | | | | |
| Yes/No | | Comment | | | |
| | | | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| Ignitor/Combustor | Satisfactory | | | | |

Predrill

Location ID: 335548

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: 293821 Type: WELL API Number: 045-15127 Status: PR Insp. Status: PR

Producing Well

Comment: no plunger lift

Facility ID: 293822 Type: WELL API Number: 045-15128 Status: AL Insp. Status: AL

Inspector Name: BURGER, CRAIG

Facility ID: 293823 Type: WELL API Number: 045-15129 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 293824 Type: WELL API Number: 045-15130 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 293825 Type: WELL API Number: 045-15131 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 293826 Type: WELL API Number: 045-15132 Status: XX Insp. Status: ND

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): Y

Comment:

Pilot: ON Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: Date Interim Reclamation Completed:

Land Use:

Comment:

1003a. Debris removed? Pass CM CA Date
Waste Material Onsite? Pass CM CA Date
Unused or unneeded equipment onsite? Pass CM CA Date

Pit, cellars, rat holes and other bores closed? _____ 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? _____ Production areas stabilized ? _____

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? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

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

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Silt Fences | Pass | | | | | |

Inspector Name: BURGER, CRAIG

| | | | | | | |
|------------|------|------------|------|------|------|--|
| Berms | Pass | Compaction | Pass | MHSP | Pass | |
| Waddles | Pass | Ditches | Pass | | | |
| Blankets | Pass | Culverts | Pass | | | |
| Ditches | Pass | | | | | |
| Gravel | Pass | | | | | |
| Check Dams | Pass | Waddles | Pass | | | |

S/U/V: **Unsatisfactory**

Corrective Date: **03/29/2013**

Comment: **Erosion rills are present on main access road off of Mamm Creek. Location blankets will need maintenance soon.**

CA: **Provide and maintain erosion control BMP's.**