

**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:

03/07/2013

Document Number:

669400474

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	214286	312092	LABOWSKIE, STEVE	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:OGCC Operator Number: 76104 Name of Operator: SAMSON RESOURCES COMPANYAddress: TWO WEST SECOND STCity: TULSA State: OK Zip: 74103**Contact Information:**

Contact Name	Phone	Email	Comment
Blanchard, Johnna	(970) 884-5085	jblanchard@samson.com	Production Assistant

Compliance Summary:

QtrQtr:	SWSE	Sec:	29	Twp:	34N	Range:	9W
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/28/2010	200292160	PR	SI	S			N
01/09/2010	200233133	PR	PR	S			N
04/21/2009	200209214	PR	PR	S			N
03/09/2009	200205035	PR	PR	S			N
11/29/2006	200103120	PR	PR	S		P	N
08/18/2005	200077994	PR	PR	S		P	N
07/12/2004	200060841	PR	PR	S		P	N
07/15/2003	200043544	PR	PR	S		P	N
05/10/2002	200027748	PR	PR	S		P	N
01/16/2001	200015061	PR	PR	S		P	N
10/20/1999	500147155	PR	PR			P	N
09/24/1997	500147154	PR	PR			P	N
09/24/1996	500147153	PR	PR			P	N
05/01/1996	500147152	BH	PR			P	N
06/26/1995	500147151	PR	PR				Y
12/12/1994	500147150	PR	PR			P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
214286	WELL	PR	12/01/2004	GW	067-05621	BEASTON 1	<input checked="" type="checkbox"/>
292853	WELL	PR	02/01/2011	GW	067-09409	CALLISON 34-9 29-2A	<input 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			

Emergency Contact Number: (S/U/V) _____ Satisfactory _____ Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	Unsatisfactory	berms and fencing with no tank	remove fecning and berms if there a no plans to use in future.	06/01/2013
WEEDS		dead weeds in corner/fence near Samson equipment.	watch for undesireable weed grwoth and fire hazard associated with tall growth and dead vegetation or weeds blown into fencing and equipment.	

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
LOCATION	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Flow Line	1	Satisfactory			
Gas Meter Run	1	Satisfactory			

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 312092

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: 214286 Type: WELL API Number: 067-05621 Status: PR Insp. Status: PR

Producing Well

Comment:

Environmental**Spills/Releases:**

Inspector Name: LABOWSKIE, STEVE

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; padding: 2px;">shares pad with Conoco Phillips well.</div>	
1003a. Debris removed? _____ CM _____	
CA _____	CA Date _____
Waste Material Onsite? _____ CM _____	
CA _____	CA Date _____
Unused or unneeded equipment onsite? <u> In </u> CM <u> fencing/berms/concrete pad </u>	
CA <div style="border: 2px solid red; padding: 2px;">use or remove</div>	CA Date <div style="border: 2px solid red; padding: 2px;">06/01/2013</div>
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? _____ CM _____	
CA _____	CA Date _____
1003b. Area no longer in use? <u> In </u> Production areas stabilized ? <u> Pass </u>	
1003c. Compacted areas have been cross ripped? <u> Pass </u>	
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> In </u>	
Production areas have been stabilized? <u> Pass </u>	Segregated soils have been replaced? <u> Pass </u>
RESTORATION AND REVEGETATION	
<u>Cropland</u>	

Inspector Name: LABOWSKIE, STEVE

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass

Recontoured Pass

80% Revegetation In

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

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____