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| 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:
04/08/2013

Document Number:
668600614

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

| | | | | | |
|---------------------|------------------------------|-------------------------|--|---|-------------------|
| Location Identifier | Facility ID <u>207929</u> | Loc ID <u>321755</u> | Inspector Name: <u>QUINT, CRAIG</u> | On-Site Inspection <input type="checkbox"/> | 2A Doc Num: _____ |
|---------------------|------------------------------|-------------------------|--|---|-------------------|

Operator Information:

OGCC Operator Number: 61250 Name of Operator: MULL DRILLING COMPANY INC

Address: 1700 N WATERFRONT PKWY B#1200

City: WICHITA State: KS Zip: 67206-

Contact Information:

| Contact Name | Phone | Email | Comment |
|-----------------|------------------|----------------------------|-------------------|
| LEONARD, MIKE | | mike.leonard@state.co.us | |
| Smalley, Carl | 719-767-8805 off | csmalley@mulldrilling.com | 719-342-1812 cell |
| ONYSKIW, DENISE | | denise.onyskiw@state.co.us | |

Compliance Summary:

QtrQtr: SWSE Sec: 31 Twp: 13S Range: 42W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 05/23/2011 | 200310813 | RT | AC | S | | | N |
| 04/29/2010 | 200245294 | RT | AC | S | | | N |
| 06/12/2009 | 200212476 | RT | AC | S | | | N |
| 07/07/2008 | 200193120 | MI | AC | S | | | N |
| 04/02/2007 | 200108512 | RT | AC | S | | P | N |
| 07/18/2006 | 200094511 | RT | AC | S | | P | N |
| 07/14/2005 | 200074803 | RT | AC | S | | P | N |
| 07/15/2004 | 200058185 | RT | AC | S | | P | N |
| 07/09/2003 | 200042121 | MI | AC | S | | P | N |
| 08/01/2002 | 200029660 | RT | AC | S | | P | N |
| 08/21/2001 | 200019504 | RT | AC | S | | P | N |
| 08/30/2000 | 200009327 | RT | AC | S | I | P | N |
| 06/14/1999 | 836589 | PR | AC | S | | P | N |
| 10/02/1997 | 500139562 | PR | AC | | | P | N |
| 05/01/1996 | 500139561 | PR | AC | | | P | N |
| 12/01/1994 | 500139560 | | AC | | | | |
| 12/03/1993 | 500139559 | | AC | | | P | N |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------------------------------|
| 207929 | WELL | IJ | 02/05/2002 | GW | 017-06864 | NWAU 13 | <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 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 | ACCESS THROUGH COMPRESSOR YARD | | |

Signs/Marker:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------|-----------------------------|--------------------|-------------------|---------|
| WELLHEAD | Satisfactory | LEASE SIGN BY WELL | | |

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

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

Multiple Spills and Releases?

Venting:

| Yes/No | Comment |
|--------|---------|
| | |

Flaring:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|------|-----------------------------|---------|-------------------|---------|
| | | | | |

Predrill

Location ID: 321755

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: 207929 Type: WELL API Number: 017-06864 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 620 PSIG
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____ MPP _____
Inj Zone: MRRW

TC: Pressure or inches of Hg 0

Previous Test Pressure _____ Last MIT: 07/07/2008

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____ AnnMTRReq: YES

Comment: CASING HAD LIGHT BLOW THAT DIED IMMEDIATELY, TBG IJ @ 620 PSIG.

Method of Injection: PUMP FEED

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

Insp. Status: _____

Comment: _____

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:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

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? _____ CM _____
CA _____ CA Date _____

Waste Material Onsite? _____ CM _____
CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____
CA _____ 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? _____ 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 REVEGETATION

Cropland

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

Non-Cropland

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Other | Pass | Other | Pass | | | |

Inspector Name: QUINT, CRAIG

S/U/V: Satisfactory Corrective Date: _____

Comment: ROAD AND LOCATION ARE GRASSED OVER

CA: _____