

**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
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Inspection Date:

05/10/2013

Document Number:

670200433

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	284376	311676	BURGER, CRAIG	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10079 Name of Operator: ANTERO RESOURCES PICEANCE LLCAddress: 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: SWSE Sec: 18 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)
12/09/2010	200286849	ER	PR	S			N
12/09/2010	200295550	ER	PR	S			N
04/09/2010	200261184	PR	PR	S			Y
07/08/2007	200119126	PR	PR	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
284376	WELL	PR	03/11/2007	GW	045-12159	DEVER A3	<input checked="" type="checkbox"/>
284377	WELL	PR	08/23/2011	GW	045-12158	DEVER A2	<input checked="" type="checkbox"/>
284378	WELL	PR	11/22/2006	GW	045-12157	DEVER A1	<input checked="" type="checkbox"/>
284379	WELL	XX	12/29/2011	LO	045-12156	DEV ER A17	<input type="checkbox"/>
288800	WELL	XX	10/18/2011	LO	045-13572	DEVER A11	<input type="checkbox"/>
288802	WELL	XX	12/29/2011	LO	045-13570	DEVER A7	<input type="checkbox"/>
288803	WELL	PR	04/05/2008	GW	045-13571	DEVER A12	<input checked="" type="checkbox"/>
289034	WELL	PR	11/20/2007	GW	045-13635	DEVER A9	<input checked="" type="checkbox"/>
289035	WELL	PR	11/20/2007	GW	045-13634	DEVER A8	<input checked="" type="checkbox"/>
289036	WELL	PR	01/23/2009	GW	045-13633	DEVER A6	<input checked="" type="checkbox"/>
289037	WELL	XX	08/01/2012	LO	045-13632	Dever A5	<input type="checkbox"/>
289038	WELL	XX	08/01/2012	LO	045-13631	Dever A14	<input type="checkbox"/>
289039	WELL	PR	01/22/2007	GW	045-13630	DEVER A13	<input checked="" type="checkbox"/>
289040	WELL	PR	01/26/2009	GW	045-13629	DEVER A10	<input checked="" type="checkbox"/>
292451	WELL	AL	12/29/2011	LO	045-14723	DEVER A15	<input type="checkbox"/>

Inspector Name: BURGER, CRAIG

294072	WELL	PR	12/24/2007	GW	045-15232	DEVER A16	<input checked="" type="checkbox"/>
294322	WELL	XX	10/18/2011	LO	045-15376	DEVER A18	<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			
TANK LABELS/PLACARDS	Satisfactory			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL	Satisfactory	Some insulation stored inside tank battery berm.		

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	cattle panel		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	12	Satisfactory			
Emission Control Device	1	Unsatisfactory	Could not verify pilot was on.	Provide means to check pilot light.	05/31/2013
Gathering Line	1	Satisfactory			
Deadman # & Marked	8	Satisfactory			
Bird Protectors	7	Satisfactory			
Gas Meter Run	10	Satisfactory			
Plunger Lift	10	Satisfactory			
Pig Station	1	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	3	300 BBLS	STEEL AST	39.521500,-107.708870	
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					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	3	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					
Venting:					
Yes/No	Comment				
NO					
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Unsatisfactory	Could not verify pilot was on. Could not open access hatch.	Provide means to verify pilot is on.	05/31/2013	

Predrill

Location ID: 311676

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: 284376 Type: WELL API Number: 045-12159 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 284377 Type: WELL API Number: 045-12158 Status: PR Insp. Status: PR

Producing WellComment: Facility ID: 284378 Type: WELL API Number: 045-12157 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 288803 Type: WELL API Number: 045-13571 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 289034 Type: WELL API Number: 045-13635 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 289035 Type: WELL API Number: 045-13634 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 289036 Type: WELL API Number: 045-13633 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 289039 Type: WELL API Number: 045-13630 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 289040 Type: WELL API Number: 045-13629 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 294072 Type: WELL API Number: 045-15232 Status: PR Insp. Status: PR**Producing Well**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): Y _____

Comment: _____

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

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: Trackhoe on location appears doing earthwork. No operator, task unknown.

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

1003b. Area no longer in use? _____ Production areas stabilized ? Pass _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass _____ Subsidence over on drill pit? Pass _____

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? Pass _____ 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:

Inspector Name: BURGER, CRAIG

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
Slope Roughening	Pass					
Berms	Pass					
Blankets	Pass	Gravel	Pass	MHSP	Pass	
Gravel	Pass					
Waddles	Pass					

S/U/V: Satisfactory _____

Corrective Date: _____

Comment: location off paved county road.

CA: _____