

Inspector Name: QUINT, CRAIG

**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:

06/27/2013

Document Number:

668601014

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	295820	338351	QUINT, CRAIG	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10275 Name of Operator: AUGUSTUS ENERGY PARTNERS LLCAddress: 2016 GRAND AVE STE ACity: BILLINGS State: MT Zip: 59102**Contact Information:**

Contact Name	Phone	Email	Comment
Davis, Loni	970-332-3585	ldavis@augustusenergy.com	

Compliance Summary:

QtrQtr: <u>SESW</u>	Sec: <u>26</u>	Twp: <u>1S</u>	Range: <u>44W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/14/2010	200226933	PR	PR	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
295820	WELL	PR	09/23/2008	GW	125-11243	ALLISON 26-14	<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	2 TRACK THROUGH FARM GROUND		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory	SIGNS FOR ASSOCIATED WELLS BY METER SHED		

Inspector Name: QUINT, CRAIG

WELLHEAD	Satisfactory	SIGN BY WELL		
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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	STEEL PANELS AROUND ALL WELLHEAD EQUIPMENT		
OTHER	Satisfactory	STEEL PANELS AROUND METER SHED AND VGS'S		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Prime Mover	1	Satisfactory	ELEC MOTOR		
Ancillary equipment	2	Satisfactory	ELEC PANEL, TELEMETRY EQUIPMENT		
Pump Jack	1	Satisfactory	25 JENSEN		
Vertical Separator	2	Satisfactory	2-VGS 50% BURIED		
Gas Meter Run	2	Satisfactory	CENTRAL METER RUN F/(ALLISON 26-14, BRUEGGEMAN 26-13) 980' SE @ 39.93445, - 102.27142.		

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 338351

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: 295820 Type: WELL API Number: 125-11243 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING, CENTRAL METER RUN F/(ALLISON 26-14, BRUEGGEMAN 26-13) 980' SE @ 39.93445, -102.27142.

Environmental**Spills/Releases:**

Inspector Name: QUINT, CRAIG

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:

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?	Pass	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? Pass 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? Pass

RESTORATION AND REVEGETATION

Cropland

Inspector Name: QUINT, CRAIG

Top soil replaced Pass

Recontoured Pass

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? P

Comment: UNUSED AREAS OF THE LOCATION ARE FARMED.

Overall Interim Reclamation Pass

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			

S/U/V: Satisfactory Corrective Date: _____

Comment: ACCESS AND LOCATION ARE FARMED OVER.

CA: _____