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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:
07/09/2013

Document Number:
671100198

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

| | | | | | |
|---------------------|------------------------------|-------------------------|---|---|-------------------|
| Location Identifier | Facility ID <u>287398</u> | Loc ID <u>333033</u> | Inspector Name: <u>Peterson, Tom</u> | On-Site Inspection <input type="checkbox"/> | 2A Doc Num: _____ |
|---------------------|------------------------------|-------------------------|---|---|-------------------|

Operator Information:

OGCC Operator Number: 10110 Name of Operator: GREAT WESTERN OPERATING COMPANY LLC

Address: 1700 BROADWAY SUITE 650

City: DENVER State: CO Zip: 80290

Contact Information:

| Contact Name | Phone | Email | Comment |
|---------------|----------------|----------------------|---------|
| Musgrave, Tim | (970) 768-6097 | tmusgrave@gwogco.com | |

Compliance Summary:

QtrQtr: SWSW Sec: 27 Twp: 6N Range: 67W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 07/24/2007 | 200115448 | DG | DG | S | | P | N |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------------------------------|
| 287398 | WELL | PR | 01/14/2008 | OW | 123-24312 | GREAT WESTERN 27-13 | <input checked="" type="checkbox"/> |
| 287400 | WELL | PR | 01/12/2008 | OW | 123-24313 | GREAT WESTERN 27-14 | <input checked="" type="checkbox"/> |
| 287402 | WELL | PR | 01/12/2008 | OW | 123-24314 | GREAT WESTERN 27-23 | <input checked="" type="checkbox"/> |
| 287403 | WELL | PR | 01/14/2008 | OW | 123-24315 | GREAT WESTERN 27-24 | <input checked="" type="checkbox"/> |
| 287404 | WELL | PR | 08/15/2008 | OW | 123-24316 | GREAT WESTERN 27-53 | <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

Signs/Marker:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|---------|-----------------------------|---------------------------|---|------------|
| BATTERY | Unsatisfactory | Incorrect sign at battery | Install sign to comply with rule 210.d. | 08/06/2013 |

Inspector Name: Peterson, Tom

| | | | | |
|----------------------|--------------|--|--|--|
| TANK LABELS/PLACARDS | Satisfactory | | | |
| WELLHEAD | 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 |
|--------------|-----------------------------|-----------|-------------------|---------|
| SEPARATOR | Satisfactory | Chianlink | | |
| WELLHEAD | Satisfactory | Chainlink | | |
| TANK BATTERY | Satisfactory | Chainlink | | |

Equipment:

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-----------------------------|---|-----------------------------|-------------------------|-------------------|---------|
| Flow Line | 5 | Satisfactory | | | |
| Emission Control Device | 1 | Satisfactory | | | |
| Horizontal Heated Separator | 2 | Satisfactory | N40.45381 W104.88783 | | |
| Gas Meter Run | 2 | Satisfactory | | | |
| Plunger Lift | 5 | Satisfactory | | | |
| Bird Protectors | 3 | Satisfactory | | | |

Facilities: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|----------------|--------|
| PRODUCED WATER | 1 | 200 BBLS | PBV FIBERGLASS | , |

S/U/V: Satisfactory Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|----------|---------------------|---------------------|-------------|
| Earth | Adequate | Walls Sufficent | Base Sufficient | Adequate |

Corrective Action _____ Corrective Date _____

Comment _____

| | | | | | |
|--------------------|-----------------------------|-----------------------------------|----------------------|------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | | |
| Contents | # | Capacity | Type | SE GPS | |
| CRUDE OIL | 3 | 300 BBLS | STEEL AST | | |
| S/U/V: | Satisfactory | Comment: | N40.45379 W104.88748 | | |
| Corrective Action: | | | | Corrective Date: | |
| Paint | | | | | |
| Condition | Adequate | | | | |
| Other (Content) | _____ | | | | |
| Other (Capacity) | _____ | | | | |
| Other (Type) | _____ | | | | |
| Berms | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate | |
| Corrective Action | | | | Corrective Date | |
| Comment | | | | | |
| Venting: | | | | | |
| Yes/No | Comment | | | | |
| NO | | | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| | | | | | |

Predrill

Location ID: 333033

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: 287398 Type: WELL API Number: 123-24312 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 287400 Type: WELL API Number: 123-24313 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 287402 Type: WELL API Number: 123-24314 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 287403 Type: WELL API Number: 123-24315 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 287404 Type: WELL API Number: 123-24316 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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? 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? Pass 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? Pass

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? P

Comment: _____

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

Inspector Name: Peterson, Tom

| Storm Water: | | | | | | |
|---------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Gravel | Pass | Gravel | Pass | SI | Pass | |

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____