

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:
08/15/2013

Document Number:
668601220

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|---------------------|--------------------|--------------------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | <input type="checkbox"/> |
| | <u>206029</u> | <u>321096</u> | <u>QUINT, CRAIG</u> | 2A Doc Num: | |

Operator Information:

OGCC Operator Number: 10114 Name of Operator: S & S OIL & GAS OPERATING
 Address: 107 N 4TH STE 209
 City: PONCA CITY State: OK Zip: 74601

Contact Information:

| Contact Name | Phone | Email | Comment |
|-----------------|-------|-----------------------------|---------|
| Rebol, Dave | | investmentequipment@cox.net | |
| ONYSKIW, DENISE | | denise.onyskiw@state.co.us | |
| LEONARD, MIKE | | mike.leonard@state.co.us | |

Compliance Summary:

QtrQtr: NWNW Sec: 12 Twp: 35S Range: 46W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 07/11/2013 | 668601062 | SI | SI | U | | | N |
| 08/23/2012 | 668200135 | SI | TA | V | | | Y |
| 07/27/2011 | 200316359 | RT | SI | U | | | Y |
| 06/22/2010 | 200257335 | RT | SI | U | | | Y |
| 08/03/2009 | 200216215 | RT | SI | U | | | Y |
| 07/16/2008 | 200193298 | MI | SI | S | | | N |
| 07/11/2007 | 200114827 | RT | SI | S | | P | N |
| 08/01/2006 | 200094746 | RT | AC | S | | P | N |
| 02/10/2005 | 200066928 | RT | AC | S | | P | N |
| 08/10/2004 | 200058066 | RT | AC | S | | P | N |
| 07/29/2003 | 200042219 | MI | AC | S | | P | N |
| 08/08/2002 | 200029690 | RT | AC | S | | P | N |
| 08/23/2001 | 200019484 | RT | AC | S | | P | N |
| 02/23/2001 | 200015397 | PR | AC | S | I | P | N |
| 03/03/2000 | 200005079 | RT | AC | S | I | P | N |
| 05/04/1999 | 500136385 | PR | AC | | | P | N |
| 06/11/1998 | 500136384 | PR | AC | | | P | N |
| 02/13/1997 | 500136383 | PR | AC | | | P | N |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|---------------|---|
| 206029 | WELL | SI | 08/11/2009 | OW | 009-06445 | TSRU 601W | X |

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 | SANDY 2 TRACK THROUGH PASTURE. | | |

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 |
|--|------|--------|-------------------|---------|
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

Fencing/:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------|-----------------------------|--------------------------------------|-------------------|---------|
| OTHER | Satisfactory | WIRE FENCE AROUND PRODUCTION RISERS. | | |
| WELLHEAD | Satisfactory | STEEL PIPE | | |

Venting:

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

Flaring:

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

Predrill

Location ID: 321096

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: 206029 Type: WELL API Number: 009-06445 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: LNSNG
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 07/16/2008
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTRReq: YES

Comment: _____

Method of Injection: PUMP FEED

Test Type: 5 Year Tbg psi: 0 Csg psi: 0 BH psi: _____

Insp. Status: Pass

Comment: MIRU DILLCO FLUID SERVICE, LOAD CSG W/1BBL WATER, PRESSURE CASING TO 400 PSIG, 5 MIN-400#, 10 MIN-400#, 15 MIN-400#, NO PRES. LOSS.

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: LOCATION AND ACCESS ARE COVERED WITH GRASS, NATURAL VEGETATION AND WEEDS.

CA: _____