

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:

11/26/2013

Document Number:

668601738

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>288899</u>	<u>411687</u>	<u>QUINT, CRAIG</u>	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:

OGCC Operator Number:

Name of Operator: AUGUSTUS ENERGY PARTNERS LLCAddress: 2016 GRAND AVE STE ACity: BILLINGS State: MT Zip: 59102

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

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

Compliance Summary:QtrQtr: SENE Sec: 15 Twp: 2S Range: 44W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/27/2013	673700144	DA	DA	Satisfactory			No
09/25/2012	663901722	DA	DA	Unsatisfactory		Fail	No
10/19/2009	200220859	SR	DA	Unsatisfactory	F	Fail	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
288899	WELL	DA	05/11/2007	DA	125-10647	AKEY 15-08	DA <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: _____

LocationEmergency Contact Number: (S/U/V) _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:			
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Type	Area	Volume	Corrective action	CA Date					
<input type="checkbox"/> Multiple Spills and Releases?									
Venting:									
Yes/No		Comment							
Flaring:									
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date					
Predrill									
Location ID: 288899									
Site Preparation:									
Lease Road Adeq.:		Pads:	Soil Stockpile:						
S/U/V:									
Corrective Action:		Date:	CDP Num.:						
Form 2A COAs:									
S/U/V:		Comment:							
CA:		Date:							
Wildlife BMPs:									
S/U/V:		Comment:							
CA:		Date:							
Stormwater:									
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:	288899	Type:	WELL	API Number:	125-10647	Status:	DA	Insp. Status:	DA

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:

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? _____ 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? _____

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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 Pass

Pit mouse/rat holes, cellars backfilled Pass

Debris removed Pass

No disturbance /Location never built _____

Access Roads Regraded _____

Contoured Pass

Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____

Locations, facilities, roads, recontoured Pass

Compaction alleviation _____

Dust and erosion control _____

Non cropland: Revegetated 80% Pass

Cropland: perennial forage _____

Weeds present Pass

Subsidence Pass

Comment: **LOCATION IS CLEAN, CONTOURED AND ADEQUATELY COVERED WITH GRASS AND NATURAL VEGETATION.**

Corrective Action: _____

Date _____

Overall Final Reclamation Pass

Well Release on Active Location ☐

Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT