

Inspector Name: Waldron, Emily

**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:

11/12/2013

Document Number:

673400071

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 232713 | 316763 | Waldron, Emily | <input type="checkbox"/> | |

Operator Information:

OGCC Operator Number:

Name of Operator: ANTELOPE ENERGY COMPANY LLCAddress: P O BOX 577City: KIMBALL State: NE Zip: 69145☐ 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 |
|-------------------|-------|--------------------------------|---------|
| KELLERBY, SHAUN | | shaun.kellerby@state.co.us | |
| Keeler, Jodi | | jodikeeler@antelope-energy.com | |
| Brookshire, Chris | | cbrookshire@co.routt.us | |

Compliance Summary:QtrQtr: NWNW Sec: 16 Twp: 6N Range: 89W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 05/14/2012 | 662300492 | PR | SI | Unsatisfactory | | | No |
| 10/08/2010 | 200278110 | PR | PR | Unsatisfactory | | | Yes |
| 06/05/2008 | 200191532 | ES | PR | Unsatisfactory | | | Yes |
| 07/07/1999 | 500157990 | PR | PR | | | Fail | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|------------------------|-------------|-------------------------------------|
| 232713 | WELL | SI | 11/01/2008 | OW | 107-06127 | STATE OF COLORADO 1-16 | SI | <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 | Unsatisfactory | Access road overgrown and nearly non existent. | Maintain road. | 03/31/2014 |
| Main | Satisfactory | | | |

| Signs/Marker: | | | | |
|----------------------|-----------------------------|---|---------------------------------------|------------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| BATTERY | Unsatisfactory | No sign at battery. | Install sign to comply with rule 210. | 01/03/2014 |
| OTHER | Unsatisfactory | Sign at intersection of access road and main road still says Stephens Energy LLC is the operator. | Install sign to comply with rule 210. | 01/03/2014 |
| WELLHEAD | Unsatisfactory | No sign at wellhead. | Install sign to comply with rule 210. | 01/03/2014 |
| TANK LABELS/PLACARDS | Unsatisfactory | No NFPA, no operator. | Install sign to comply with rule 210. | 01/03/2014 |

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 01/03/2014

Comment: No emergency contact number on location.

Corrective Action: Install emergency contact number.

| Good Housekeeping: | | | | |
|---------------------------|-----------------------------|--------------------|-----------------------------------|------------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WEEDS | Unsatisfactory | Weeds on location. | Implement a weed control program. | 03/31/2014 |

| Spills: | | | | |
|--|------|--------|-------------------|---------|
| Type | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| Fencing/: | | | | |
|------------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Satisfactory | | | |
| SEPARATOR | Satisfactory | | | |

| Equipment: | | | | | |
|--------------------|---|-----------------------------|---------|-------------------|---------|
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Vertical Separator | 1 | Satisfactory | Bermed. | | |
| Plunger Lift | 1 | Satisfactory | | | |
| Deadman # & Marked | 4 | Satisfactory | | | |

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| | | | | | |
|---|-----------------------------|-----------------------------------|---------------------|---|--|
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| CRUDE OIL | 1 | 400 BBLS | STEEL AST | 40.482040,-107.386800 | |
| S/U/V: | Unsatisfactory | | Comment: | | |
| Corrective Action: | | | | Corrective Date: | |
| Install labels to comply with rule 210.d. | | | | 01/03/2014 | |
| Paint | | | | | |
| Condition | Inadequate | | | | |
| Other (Content) _____ | | | | | |
| Other (Capacity) _____ | | | | | |
| Other (Type) _____ | | | | | |
| Berms | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| Earth | Inadequate | Walls Insufficient | | Inadequate | |
| Corrective Action | | | | Corrective Date | |
| Maintain berm. | | | | 01/31/2014 | |
| Comment | | | | It appears livestock have been walking over berm. | |
| Venting: | | | | | |
| Yes/No | | Comment | | | |
| | | | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| | | | | | |

Predrill

Location ID: 232713

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: 232713 Type: WELL API Number: 107-06127 Status: SI Insp. Status: SI

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:

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| | | | | | |
|---|----------|----------------|---|---------------|------|
| DWR Receipt Num: | | Owner Name: | | Lat | Long |
| GPS : | | | | | |
| Field Parameters: | | | | | |
| Sample Location: _____ | | | | | |
| Complaint: | | | | | |
| Tracking Num | Category | Assigned To | Description | Incident Date | |
| 200389321 | SIGNS | Waldron, Emily | COGCC staff contacted by Routt County LGD to inspect location 05-107-06127 because location was "overgrown with weeds, the signs aren't correct, the access road is overgrown." | 11/12/2013 | |
| 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? Pass CM _____
CA _____ CA Date _____

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

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? Pass Segregated soils have been replaced? Fail

RESTORATION AND REVEGETATION

Cropland

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

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Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ F _____

Comment: _____

Overall Interim Reclamation _____ Fail _____

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 _____

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: **Unsatisfactory** Corrective Date: **11/29/2013**

Comment: **There do not appear to be any stormwater BMPs in place. Water is leaving location on the north side. There is a large erosional gully.**

CA: **Implement and maintain Best Management Practices (BMPs) to control stormwater runoff in a manner that minimizes erosion, transport of sediment offsite and site degradation.**

Pits: ☐ NO SURFACE INDICATION OF PIT