

**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
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Inspection Date:

06/06/2014

Document Number:

675100004

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	428856	428856	GRANAHAN, KYLE	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: 10396

Name of Operator: SOUTHWESTERN ENERGY PRODUCTION COMPANY

Address: 2350 N SAM HOUSTON PKWY EAST #125

City: HOUSTON State: TX Zip: 77032

- ☐ 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	
Burke, Sean	501-339-7059	sean_burke@swn.com	all southwestern energy inspection

Compliance Summary:

QtrQtr: LOT 10 Sec: 30 Twp: 6N Range: 90W

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
428857	WELL	WO	07/05/2012	OW	081-07724	SIMOES 22-30	WO	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: <u> </u>	Drilling Pits: <u> </u>	Wells: <u>1</u>	Production Pits: <u> </u>
Condensate Tanks: <u> </u>	Water Tanks: <u>1</u>	Separators: <u>2</u>	Electric Motors: <u> </u>
Gas or Diesel Motors: <u>1</u>	Cavity Pumps: <u> </u>	LACT Unit: <u> </u>	Pump Jacks: <u>1</u>
Electric Generators: <u> </u>	Gas Pipeline: <u> </u>	Oil Pipeline: <u> </u>	Water Pipeline: <u>1</u>
Gas Compressors: <u> </u>	VOC Combustor: <u> </u>	Oil Tanks: <u>2</u>	Dehydrator Units: <u> </u>
Multi-Well Pits: <u> </u>	Pigging Station: <u> </u>	Flare: <u> </u>	Fuel Tanks: <u> </u>

Location

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	ACTION REQUIRED	Tank not labeled at separator. See photos	Install sign to comply with rule 210.	07/28/2014

Inspector Name: GRANAHAH, KYLE

BATTERY	ACTION REQUIRED	Update signs to comply with COGCC rules. Operator name is not correct. Size of sign is inadequate. See photos	Install sign to comply with rule 210.	07/28/2014
WELLHEAD	ACTION REQUIRED	Update signs to comply with COGCC rules. Operator name is not correct	Install sign to comply with rule 210.	07/28/2014

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: 18778790376 is a good contact number on sign

Corrective Action: _____

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

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Bird Protectors	2	SATISFACTORY			
Horizontal Heated Separator	1	SATISFACTORY			
Flare	1	SATISFACTORY	Permit numbers in attached picture		
Gas Meter Run	1	SATISFACTORY			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents		#	Capacity	Type	SE GPS
PRODUCED WATER		1	400 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment:	same berms as oil tank	
Corrective Action:					Corrective Date:

Paint	
Condition	Adequate
Other (Content) _____	
Other (Capacity) _____	
Other (Type) _____	

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action			Corrective Date	
Comment				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	400 BBLS	STEEL AST	40.420000,-107.535320
S/A/V:	SATISFACTORY		Comment: _____	
Corrective Action: _____			Corrective Date: _____	
Paint				
Condition	Adequate			
Other (Content) _____				
Other (Capacity) _____				
Other (Type) _____				
Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action			Corrective Date	_____
Comment _____				
Venting:				
Yes/No		Comment		
NO		_____		
Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Field Flare	SATISFACTORY	_____	_____	_____
<u>Predrill</u>				
Location ID: 428856				
Site Preparation:				
Lease Road Adeq.: _____		Pads: _____	Soil Stockpile: _____	
S/A/V: _____				
Corrective Action: _____		Date: _____	CDP Num.: _____	
Form 2A COAs:				

Group	User	Comment	Date
OGLA	kubeczkod	<p>SITE SPECIFIC COAs:</p> <p>A closed loop system must be implemented during drilling (which operator has indicated on the Form 2A); or, if a drilling pit is constructed, it must be lined. All cuttings generated during drilling with oil based muds or high chloride/TDS mud must be kept in the lined drilling pit, or placed either in containers or on a lined/bermed portion of the well pad; prior to offsite disposal. The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts.</p> <p>Operator must implement best management practices to contain any unintentional release of fluids, including any fluids conveyed via temporary surface pipelines.</p> <p>Reserve pit must be lined or a closed loop system must be implemented during drilling.</p> <p>Operator must ensure secondary containment for any volume of fluids contained at well site during drilling and completion operations; including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures (i.e., best management practices (BMPs) associated with stormwater management) sufficiently protective of nearby surface water. Any berm constructed at the well pad location will be stabilized, inspected at regular intervals (at least every 14 days), and maintained in good condition.</p> <p>Flowback and stimulation fluids must be sent to tanks and/or filters before the fluids can be placed into any pipeline or pit. The flowback and stimulation fluid tanks must be placed on the well pad in an area with additional downgradient perimeter berming. The area where flowback fluids will be stored/reused must be constructed to be sufficiently impervious to contain any spilled or released material.</p> <p>Berms or other containment devices shall be constructed to be sufficiently impervious to contain any spilled or released material around crude oil, condensate, and produced water storage tanks.</p>	04/22/2012

S/A/V: SATISFACTORY**Comment:**

Well stimultaed on 6/5/2014, as of 6/6/2014 all COA's are being followed regarding flowback and stimulation.

CA:**Date:****Wildlife BMPs:****S/A/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:

Inspector Name: GRANAHAN, KYLE

Name: _____	Phone Number: _____	Agreed to Attend: _____
<u>Summary of Landowner Issues:</u>		
<u>Summary of Operator Response to Landowner Issues:</u>		
<u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u>		

Facility

Facility ID: 428857 Type: WELL API Number: 081-07724 Status: WO Insp. Status: WO

Well Stimulation

Stimulation Company: _____	Stimulation Type: _____
<u>Observation:</u>	Other: _____
Maximum Casing Recorded: _____ PSI	Tubing: _____
Surface: _____	Intermediate: _____
Production: _____	Instantaneous Shut-In Pressure (ISIP) _____
Bradenhead Psi: _____	Frac Flow Back: _____ Fluid: _____ Gas: _____

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: RANGELAND

Comment: _____

1003a. Debris removed? Pass CM _____

CA _____ CA Date _____

Inspector Name: GRANAHAH, KYLE

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? _____ 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? _____

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? _____ P _____

Comment: _____

Overall Interim Reclamation Fail

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

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
Berms	Pass	Check Dams	Pass	MHSP	Pass	

S/A/V: SATISFACTOR
Y Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Update signs to comply with COGCC rules.	GranahaK	06/06/2014

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
675100014	No labels on white tank	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3360069
675100015	Signs at battery	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3360070
675100016	Flare permit #'s	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3360071
675100017	Flare	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3360072