

**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:
07/01/2015Document Number:
674602029Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 216578 | 311902 | Maclaren, Joe | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 26625Name of Operator: ELM RIDGE EXPLORATION COMPANY LLCAddress: 12225 GREENVILLE AVE STE 950City: DALLAS State: TX Zip: 75243-

- ☒ 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 |
|-----------------|----------------------|-------------------------|------------------------|
| Archuleta, Amy | | aarchuleta@elmridge.net | Administrative Manager |
| Lindeman, Terry | 505-632-3476 Ext 210 | tlindeman@elmridge.net | |

Compliance Summary:QtrQtr: SWSW Sec: 7 Twp: 33N Range: 8W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 06/17/2015 | 674601978 | PR | PR | ACTION REQUIRED | I | | No |
| 11/12/2014 | 667100196 | PR | PR | ACTION REQUIRED | I | | No |
| 01/12/2012 | 661700121 | PR | PR | SATISFACTORY | | | No |
| 03/22/2011 | 200305009 | PR | SI | SATISFACTORY | | | No |
| 02/18/2010 | 200231644 | ID | SI | SATISFACTORY | | | No |
| 11/19/2009 | 200224157 | PR | PR | SATISFACTORY | | | No |
| 09/25/2008 | 200195809 | PR | PR | SATISFACTORY | | | No |
| 11/29/2007 | 200122812 | PR | PR | SATISFACTORY | | | No |
| 06/27/2005 | 200076304 | PR | PR | SATISFACTORY | | Pass | No |
| 04/06/2005 | 200069174 | CO | PR | ACTION REQUIRED | I | Fail | Yes |
| 10/15/2003 | 200047704 | PR | PR | SATISFACTORY | | Pass | No |

Inspector Comment:

Actions Required outlined on the previous field inspection doc #674601978 performed on 06/17/2015 have been completed; Note: The NFPA fire rating at the open top tank must be at least a "1" based on waste oil contents designation.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|--------------|--------|-------------|------------|---------|---------------------|-------------|-------------------------------------|
| 159080 | UIC DISPOSAL | AC | 12/01/2002 | | - | VPR C 14 WDW 159080 | AC | <input checked="" type="checkbox"/> |
| 159106 | UIC DISPOSAL | AC | 12/05/2003 | DSPW | - | FASSETT #1 159106 | AC | <input checked="" type="checkbox"/> |

Inspector Name: Maclaren, Joe

| | | | | | | | | |
|--------|----------|----|------------|------|-----------|-----------------------------|----|-------------------------------------|
| 216578 | WELL | PR | 06/20/2013 | GW | 067-08184 | FW Terrell 1A | PR | <input checked="" type="checkbox"/> |
| 258975 | WELL | IJ | 09/12/2007 | DSPW | 067-08397 | FASSETT SWD(EPA) 1 | AC | <input checked="" type="checkbox"/> |
| 275627 | WELL | AL | 05/25/2006 | LO | 067-09005 | IGW 105 | AL | <input type="checkbox"/> |
| 311902 | LOCATION | AC | 06/20/2013 | | - | F W TERRELL-N33N8W 7SWSW | AC | <input 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/Action Required | Comment | Corrective Action | CA Date |
|----------------------|------------------------------|--|-------------------|---------|
| TANK LABELS/PLACARDS | SATISFACTORY | NFPA Fire Rating must be at least a 1 with waste oil contents designation. | | |

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------------------|------------------------------|--|-------------------|---------|
| TRASH | SATISFACTORY | Action Required Completed; Trash Removed | | |
| UNUSED EQUIPMENT | SATISFACTORY | Action Required Completed; Unused equipment removed. | | |

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?**Venting:**

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

Flaring:

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

Predrill

Location ID: 216578

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**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:

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: 159080 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 159106 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 216578 Type: WELL API Number: 067-08184 Status: PR Insp. Status: PR

Facility ID: 258975 Type: WELL API Number: 067-08397 Status: IJ Insp. Status: AC

Environmental**Spills/Releases:**

Inspector Name: Maclaren, Joe

| | | |
|-----------------------------------|--------------------|-------------------------------|
| 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? | 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? | | 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? 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? _____

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

RESTORATION AND REVEGETATION

Cropland

Inspector Name: Maclaren, Joe

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ I _____

Comment: _____

Overall Interim Reclamation In Process

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction | Pass | Compaction | Pass | | | |
| | | Culverts | Pass | | | |
| Gravel | Pass | Gravel | Pass | | | |

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: No Issues Identified.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT