

**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

Inspection Date:

02/09/2016

Document Number:

668004152

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>
	199975	307729	DURAN, JOHN	2A Doc Num: _____

Operator Information:OGCC Operator Number: 10471Name of Operator: ARP PRODUCTION COMPANY LLCAddress: 1000 COMMERCE DRIVE - 4TH FLCity: PITTSBURGH State: PA Zip: 15275

- ☐ 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
Madison, Randy	575-445-6706/575-420-1120	rmadison@atlasenergy.com	EHS Specialist
Koehler, Bob		bob.koehler@state.co.us	
Costa, Ryan		ryan.costa@state.co.us	
Mattorano, Michael	575-445-6704/505-652-0416	mmattorano@atlasenergy.com	Production superintendent
Berry, Matthew	575-445-6785/505-652-8275	mberry@atlasenergy.com	Production Foreman

Compliance Summary:QtrQtr: SWSE Sec: 4 Twp: 35S Range: 66W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/17/2015	668003641	IJ	SI	SATISFACTORY			No
07/21/2014	668002359	IJ	AC	SATISFACTORY	P		No
06/24/2013	668001341	IJ	AC	SATISFACTORY	P		No
08/10/2012	668000510	IJ	AC	SATISFACTORY			No
09/01/2011	200320390	MI	AC	SATISFACTORY			No
05/10/2011	200311264	RT	AC	SATISFACTORY			No
06/07/2010	200258736	RT	AC	SATISFACTORY			No
08/13/2009	200216939	RT	AC	SATISFACTORY			No
12/22/2008	200201512	MI	SI	SATISFACTORY			No
07/16/2008	200192718	RT	SI	SATISFACTORY			No
08/28/2007	200117952	MI	SI	SATISFACTORY			No
07/12/2006	200094493	RT	SI	SATISFACTORY		Pass	No
07/21/2005	200074815	RT	SI	SATISFACTORY		Pass	No
05/06/2004	200055720	RT		SATISFACTORY		Pass	No

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06/24/2003	200040877	RT	AC	SATISFACTORY		Pass	No
12/30/2002	200033179	MI	AC	SATISFACTORY		Pass	No
11/27/2002	200032044	MI	SI	SATISFACTORY		Pass	No
10/03/2002	200031344	MI	SI	SATISFACTORY		Pass	No
02/22/2002	200024527	RT	AC	SATISFACTORY		Pass	No
08/07/2001	200018875	RT	AC	SATISFACTORY	I	Pass	No
07/20/2000	200011725	PR	AC	SATISFACTORY	I	Pass	No
09/02/1999	200003973	MI	AC	SATISFACTORY	I	Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
150432	UIC DISPOSAL	CL	12/01/2002		-	VPR C 14	CL	<input type="checkbox"/>
159080	UIC DISPOSAL	AC	12/01/2002		-	VPR C 14 WDW 159080	AC	<input type="checkbox"/>
199975	WELL	IJ	12/27/2014	DSPW	071-06867	VPR C 14 WDW	PA	<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/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	A Dry Hole Marker is in Place.		

Emergency Contact Number (S/AR): _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				
Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Equipment:				
Type: Deadman # & Marked	# 0	Satisfactory/Action Required:	SATISFACTORY	
Comment	Deadman are gone.			
Corrective Action				Date:
Type: Ancillary equipment	# 0	Satisfactory/Action Required:	SATISFACTORY	
Comment	Wellhead is gone.			
Corrective Action				Date:
Venting:				
Yes/No				
Comment				
Flaring:				
Type		Satisfactory/Action Required		
Comment:				
Corrective Action:			Correct Action Date:	

Predrill

Location ID: 199975

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

Wildlife BMPs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

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: 199975 Type: WELL API Number: 071-06867 Status: IJ Insp. Status: PA

Inspector Name: DURAN, JOHN

Cement

Cement Contractor

Contractor Name: _____

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment: Wellhead and Deadman are gone. CSG has been cut 4 ft. below surface and plate welded on top of CSG. A Dry Hole Marker, with Operator Name, Location, Well Name and APi number, has been installed by 2:45 pm on (02/08/16).

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. Waste and Debris removed? _____

CM _____

CA _____ CA Date _____

Inspector Name: DURAN, JOHN

Unused or unneeded equipment onsite? _____

CM _____

CA _____

CA Date _____

Pit, cellars, rat holes and other bores closed? _____

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 _____

Well Release on Active Location ☐

Multi-Well Location ☐

Inspector Name: DURAN, JOHN

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			
S/A/V: SATISFACTOR Corrective Date: _____ Y _____						
Comment: _____						
CA: _____						
Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT						

COGCC Comments		
Comment	User	Date
The well is Satisfactory for P/A and Dry Hole Marker. Contact Ryan Costa for Final Reclamation and Bond Release.	duranj	02/09/2016