

**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:

04/20/2016

Document Number:

673713108

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 434882      | 434881 | Sherman, Susan  | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 10399Name of Operator: NIGHTHAWK PRODUCTION LLCAddress: 1805 SHEA CENTER DR #290City: HIGHLANDS State: CO Zip: 80129

- ☐ 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 |
|-----------------|----------------|-----------------------------------|---------|
| Rezendes, Joe   |                | JoeRezendes@nighthawkenergy.com   |         |
| Mayland, Harold | (303) 407-9604 | haroldmayland@nighthawkenergy.com |         |
| Henkin, Joyce   | (303) 407-9609 | joycehenkin@nighthawkenergy.com   |         |

**Compliance Summary:**QtrQtr: SWSW Sec: 2 Twp: 6S Range: 54W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 03/11/2015 | 673709890 | DG         | SI          | SATISFACTORY                  |          |                | No              |
| 02/21/2014 | 663100166 | DG         | DG          | SATISFACTORY                  | I        |                | No              |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name  | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|-------------------------------------|
| 434882      | WELL | DG     | 02/04/2015  | SI         | 073-06562 | TELLURIDE 13-2 | TA          | <input checked="" type="checkbox"/> |

**Equipment:****Location Inventory**

|                                |                         |                      |                         |
|--------------------------------|-------------------------|----------------------|-------------------------|
| Special Purpose Pits: _____    | Drilling Pits: <u>1</u> | Wells: <u>1</u>      | Production Pits: _____  |
| Condensate Tanks: _____        | Water Tanks: <u>1</u>   | Separators: <u>1</u> | Electric Motors: _____  |
| Gas or Diesel Motors: <u>1</u> | Cavity Pumps: _____     | LACT Unit: _____     | Pump Jacks: <u>1</u>    |
| Electric Generators: _____     | Gas Pipeline: _____     | Oil Pipeline: _____  | Water Pipeline: _____   |
| Gas Compressors: _____         | VOC Combustor: _____    | Oil Tanks: <u>4</u>  | Dehydrator Units: _____ |
| Multi-Well Pits: _____         | Pigging Station: _____  | Flare: _____         | Fuel Tanks: _____       |

**Location**

Inspector Name: Sherman, Susan

| <b>Lease Road:</b> |                              |         |                   |      |
|--------------------|------------------------------|---------|-------------------|------|
| Type               | Satisfactory/Action Required | comment | Corrective Action | Date |
|                    |                              |         |                   |      |

| <b>Signs/Marker:</b> |                              |                     |                   |         |
|----------------------|------------------------------|---------------------|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment             | Corrective Action | CA Date |
| WELLHEAD             | SATISFACTORY                 |                     |                   |         |
| OTHER                | SATISFACTORY                 | lease sign on CR 35 |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

| <b>Good Housekeeping:</b> |                              |         |                   |         |
|---------------------------|------------------------------|---------|-------------------|---------|
| Type                      | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                           |                              |         |                   |         |

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

| <b>Fencing/:</b> |                              |         |                   |         |
|------------------|------------------------------|---------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                  |                              |         |                   |         |

| <b>Equipment:</b>        |     |                               |              |       |
|--------------------------|-----|-------------------------------|--------------|-------|
| Type: Deadman # & Marked | # 4 | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                  |     |                               |              |       |
| Corrective Action        |     |                               |              | Date: |

| <b>Venting:</b> |  |
|-----------------|--|
| Yes/No          |  |
| Comment         |  |

| <b>Flaring:</b>    |  |                              |  |
|--------------------|--|------------------------------|--|
| Type               |  | Satisfactory/Action Required |  |
| Comment:           |  |                              |  |
| Corrective Action: |  | Correct Action Date:         |  |

| <b>Predrill</b>            |  |       |  |
|----------------------------|--|-------|--|
| Location ID: <u>434882</u> |  |       |  |
| <b>Site Preparation:</b>   |  |       |  |
| Lease Road Adeq.:          |  | Pads: |  |
| Soil Stockpile:            |  |       |  |
| <b>S/AR:</b> _____         |  |       |  |
| Corrective Action:         |  | Date: |  |
| CDP Num.:                  |  |       |  |
| <b>Form 2A COAs:</b>       |  |       |  |

**S/AR:** SATISFACTORY**Comment:** No problems seen.**CA:** **Date:** **Wildlife BMPs:**

| BMP Type     | Comment   |
|--------------|---|
| Construction | <p>Certificate to Discharge Under CDPHE General Permit No. COR-030000<br/> Stormwater Discharges Associated with Construction Certification No. COR031825<br/> Prior to construction, perimeter controls will be installed utilizing cuttings from the clearing operations.<br/> Once the well pad has been constructed a variety of BMP's shall be utilized for teh site specific conditions.<br/> BMP's to be utilized may include, but are not limited to:</p> <ul style="list-style-type: none"> <li>-Dirt Ditch/Berm</li> <li>-Erosion Control Blankets</li> <li>-Straw Bale Barrier</li> <li>-Straw Wattles</li> <li>-Seeding</li> <li>-Imported Hard Armor</li> <li>-Check Dams</li> <li>-Culvert/Culvert Protection</li> <li>-Crimped Straw</li> <li>-Silt Fence</li> <li>-Surface Roughening/Surface Rip</li> </ul> <p>During constructino, each site will be inspected every 14 days 24-72 hours after anyprecipitation event causing erosion depending on the current site activities. These inspections will be recorded and maintained at Nighthawk's office.<br/> Repairs shall be completed as soon as possible after an inspection reporting BMP repairs are required. Any site specific modifications will be revised on the site plan when implemented at the site.<br/> A field wide Stormwater Management Plan (SWMP) for the Project Area is located at Nighthawk's offcie<br/> Spill Protection Control and Countermeasures (SPCC) plans for the Project Area are stored on file at Nighthawk's office.<br/> The field wide SWMP addresses SPCC during construction operations.</p> |

**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: 434882 Type: WELL API Number: 073-06562 Status: DG Insp. Status: TA

**Idle Well**Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: \_\_\_\_\_

S/A/V: \_\_\_\_\_ CA Date: \_\_\_\_\_

CA: \_\_\_\_\_

Comment: 4/28/2016 MIT PASSED.

PRO-STIM pump truck.

3/10 BBL added day of test.

0 psi on casing before test, 0 psi on casing after test.

0 psi on tubing prior to test

500 psi on tubing initially

500 psi 5 min

500 psi 10 min

500 psi 15 min

0 psi on tubing after test.

0 pressure lost.

Form 42 #401032324.

**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: pasture

Inspector Name: Sherman, Susan

1003a. Waste and Debris removed? \_\_\_\_\_

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 marked? Pass

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: 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: \_\_\_\_\_

Inspector Name: Sherman, Susan

|  |                 |  |                       |  |                          |         |
|--|-----------------|--|-----------------------|--|--------------------------|---------|
| Corrective Action: <input type="text"/>                            |                 |  |                       | Date <input type="text"/>                    |                          |         |
| Overall Final Reclamation <input type="text"/>                     |                 | Well Release on Active Location <input type="checkbox"/> |                       | Multi-Well Location <input type="checkbox"/> |                          |         |
| <b>Storm Water:</b>  |                 |  |                       |  |                          |         |
| Loc Erosion BMPs   | BMP Maintenance | Lease Road Erosion BMPs                                  | Lease BMP Maintenance | Chemical BMPs                                | Chemical BMP Maintenance | Comment |
| Gravel   | Pass            | Gravel   | Pass                  |  |                          |         |
| Compaction   | Pass            | Compaction   | Pass                  |  |                          |         |
| S/A/V: SATISFACTOR   |                 | Corrective Date: <input type="text"/>                    |                       |  |                          |         |
| Y  |                 |  |                       |  |                          |         |
| Comment: <input type="text"/>                                      |                 |  |                       |  |                          |         |
| CA: <input type="text"/>   |                 |  |                       |  |                          |         |
| <b>Pits:</b> <input type="checkbox"/> NO SURFACE INDICATION OF PIT |                 |  |                       |  |                          |         |

| COGCC Comments           |          |            |
|--------------------------|----------|------------|
| Comment                  | User     | Date       |
| MIT PASSED on 4/28/2016. | ShermaSe | 04/28/2016 |

**Attached Documents**

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

| Document Num | Description                  | URL   |
|--------------|------------------------------|---|
| 673713132    | Nighthawk Telluride 13-2 MIT | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3844545">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3844545</a> |