

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:
05/22/2016
Document Number:
685300506
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|-------------|--------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 440173 | 440174 | St John, William (Cal) | <input type="checkbox"/> | |

Operator Information:

OGCC Operator Number: 10464
Name of Operator: CATAMOUNT ENERGY PARTNERS LLC
Address: 1801 BROADWAY #1000
City: DENVER State: CO Zip: 80202

- 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 |
|------------------|--------------|-----------------------------|-----------------|
| Redmond, Nolan | 720-484-2347 | nredmond@catamountep.com | All Inspections |
| Hering, Bill | 281-682-7290 | bhering@catamountep.com | All Inspections |
| Labowskie, Steve | | steve.labowskie@state.co.us | COGCC |

Compliance Summary:

QtrQtr: SESE Sec: 19 Twp: 34N Range: 6W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 05/27/2015 | 667100565 | DG | DG | SATISFACTORY | | | No |
| 04/09/2015 | 667100468 | DG | DG | ACTION REQUIRED | | | No |

Inspector Comment:

Well stimulation operation inspection. Insector witnessed completion of interval 1 and start of interval 2. Operations were conducted without any noted issues. Location was well maintained and equipment stored and maintained to limit debris.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|-------------------------------------|
| 440173 | WELL | PR | 06/27/2015 | GW | 067-09922 | Elsa 34-6-19 1 | SI | <input checked="" type="checkbox"/> |
| 442673 | WELL | DG | 05/12/2016 | LO | 067-09945 | Elsa 34-6-19 2 | WO | <input checked="" type="checkbox"/> |

Equipment:

Location Inventory

| | | | |
|---------------------------------|------------------------|----------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: <u>2</u> | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: <u>2</u> | Separators: <u>2</u> | Electric Motors: _____ |
| Gas or Diesel Mortors: <u>2</u> | Cavity Pumps: _____ | LACT Unit: _____ | Pump Jacks: <u>2</u> |
| 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 |
| Access | SATISFACTORY | | | |

| Signs/Marker: | | | | |
|----------------------|------------------------------|---------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |

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

Comment: _____

Corrective Action: _____

| Good Housekeeping: | | | | |
|---------------------------|------------------------------|---|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| DEBRIS | SATISFACTORY | Location clean and maintained during frac operation. | | |
| STORAGE OF SUPL | SATISFACTORY | Equipment organized and controlled during frac operation. | | |

| 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: Ancillary equipment | # 2 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | Wellhead | | | |
| Corrective Action | | | | Date: |
| Type: Deadman # & Marked | # 4 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |
| Corrective Action | | | | Date: |

| Venting: | |
|-----------------|----|
| Yes/No | NO |
| Comment | |

| Flaring: | |
|-----------------|------------------------------|
| Type | Satisfactory/Action Required |
| Comment: | |

| | |
|--------------------|-------------------------|
| Corrective Action: | Correct Action Date: |
|--------------------|-------------------------|

Predrill

Location ID: 440173

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

S/AR: _____

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

Form 2A COAs:

| Group | User | Comment | Date |
|-------|----------|--|------------|
| OGLA | kubeczkd | <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>COA 44 - The access road will be constructed and maintained as to not allow any sediment to migrate from the access road to nearby surface water or any drainages leading to surface water.</p> <p>Strategically apply fugitive dust control measures, including enforcing established speed limits on the adjacent county road 523 and private roads, to reduce fugitive dust and coating of vegetation and deposition in water sources.</p> <p>Berms or other containment devices shall be constructed to be sufficiently impervious (corrugated steel with poly liner) to contain any spilled or released material around permanent crude oil, condensate, and produced water storage tanks.</p> | 10/22/2014 |
| OGLA | kubeczkd | <p>The moisture content of any cuttings in a cuttings trench or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts.</p> <p>Flowback and stimulation fluids must be sent to tanks, separators, or other containment/filtering equipment before the fluids can be placed into any pipeline or storage vessel located on the well pad; or into tanker trucks for offsite disposal. The flowback and stimulation fluid tanks, separators, or other containment/filtering equipment must be placed on the well pad in an area constructed to be sufficiently impervious to contain any spilled or released material.</p> <p>Potential odors associated with the completions process and/or with long term production operations must be controlled/mitigated.</p> | 10/22/2014 |
| OGLA | kubeczkd | <p>Notify the COGCC 48 hours prior to start of pad construction, rig mobilization, spud, start of hydraulic stimulation operations, start of flowback operations, and pipeline testing using Form 42 (the appropriate COGCC individuals will automatically be email notified, including the LGD for hydraulic stimulation operations).</p> | 10/22/2014 |
| OGLA | kubeczkd | <p>Operator shall pressure test pipelines in accordance with Rule 1101.e.(1) prior to putting into initial service any temporary surface or permanent buried pipelines and following any reconfiguration of the pipeline network.</p> <p>Operator will utilize, to the extent practical, all existing access and other public roads, and/or existing pipeline right-of-ways, when placing/routing the surface pipelines. This will reduce surface disturbance.</p> | 10/22/2014 |

S/AR: ACTION REQUIRED **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

| BMP Type | Comment |
|--------------------------------|--|
| Final Reclamation | Equipment will be painted with dull, non reflective paint slightly darker than the surrounding landscape. Noxious weeds will be controlled onsite by herbicide application based on recommendations from the La Plata County weed control technician and will be applied by a professional. |
| Wildlife | Catamount agrees not to commence surface disturbing activities, construction activities, drilling, or non-emergency workover activities if there is one (1) foot of snow or greater on the ground of the Well Pad without obtaining permission of the surface owner. Catamount will consult with the Surface Owner before activities occurring when snow is present. Catamount will consult with the surface owner regarding the composition of the seed mix prior to interim or final reclamation and will use CPW's recommended seed mix if the surface owner is agreeable. |
| Drilling/Completion Operations | A closed loop system will be used during drilling operations so a pit will be unnecessary. |
| Construction | Standard stormwater BMPs will be implemented during construction and may include the following: Erosion Control: Seeding, mulching, berms, check dams, grading techniques Sediment Control: Erosion bales, sediment traps, gravel barriers, sediment basins |

S/AR: SATISFACTORY **Comment:**

CA: **Date:**

Stormwater:

| Erosion BMPs | Present | Other BMPs | Present |
|--------------|---------|------------|---------|
| WADDLES | Yes | | |

S/AR: SATISFACTORY

Corrective Action: _____ Date: _____

Comments: Erosion BMPs:

Other BMPs:

| | | | |
|---------|-----|--|--|
| DITCHES | Yes | | |
|---------|-----|--|--|

S/AR: SATISFACTORY

Corrective Action: _____ Date: _____

Comments: Erosion BMPs:

Other BMPs:

| | | | |
|-----------------|-----|--|--|
| RETENTION PONDS | Yes | | |
|-----------------|-----|--|--|

S/AR: SATISFACTORY

Corrective Action: _____ Date: _____

Comments: Erosion BMPs:

Other BMPs:

| | | | |
|-------|-----|--|--|
| BERMS | Yes | | |
|-------|-----|--|--|

S/AR: _____

Corrective Action: _____ Date: _____

Comments: Erosion BMPs:

Other BMPs:

Comment: Entire location ringed with ditch and berm with sediment trap in SE corner of location. The sediment trap with out flow to rip rap and waddle check dam. The outside perimeter edge is ringed with waddles.

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: 440173 Type: WELL API Number: 067-09922 Status: PR Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/A/V: SATISFACTORY CA Date: _____

CA: _____

Comment: Shut in for Fracking Operation on 067 09945.

Facility ID: 442673 Type: WELL API Number: 067-09945 Status: DG Insp. Status: WO

Well Stimulation

Stimulation Company: Halliburton Stimulation Type: HYDRAULIC FRAC

Other: _____

Observation:

Maximum Casing Recorded: 1920 PSI Tubing: _____

Surface: _____ Intermediate: _____

Production: _____ Instantaneous Shut-In Pressure (ISIP) 4250

Bradenhead Psi: 0 Frac Flow Back: Fluid: _____ Gas: _____

Workover

Comment: _____

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: _____ 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: RANGELAND

Comment: _____

1003a. Waste and Debris removed? _____
 CM _____
 CA _____ CA Date _____

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 _____

Inspector Name: St John, William (Cal)

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: _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Check Dams | Pass | Culverts | Pass | | | |
| Rip Rap | Pass | | | | | |
| Compaction | Pass | Ditches | Pass | | | |
| Sediment Traps | Pass | | | | | |
| Gravel | Pass | | | | | |
| Waddles | Pass | | | | | |
| Ditches | Pass | Gravel | Pass | | | |
| Berms | Pass | Compaction | Pass | MHSP | Pass | |

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

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

| Document Num | Description | URL |
|--------------|---------------------|---|
| 685300506 | INSPECTION APPROVED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3862708 |