

**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:

05/23/2016

Document Number:

680000529

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 208618 | 321939 | QUINT, CRAIG | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 70430Name of Operator: PINTAIL PETROLEUM LTDAddress: 225 N. MARKET #300City: WICHITA State: KS Zip: 67202

- ☐ 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 |
|--------------|------------------|-----------------------------|------------------|
| Davis, Sue | 316-263-2243 off | sdavis@pintailpetroleum.com | 316-263-6479 fax |

Compliance Summary:QtrQtr: NWNE Sec: 26 Twp: 15S Range: 46W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 08/29/2014 | 668900058 | PR | PR | ACTION REQUIRED | | | No |
| 11/27/2013 | 668601762 | PR | PR | SATISFACTORY | P | | No |
| 10/30/2012 | 663901913 | PR | PR | SATISFACTORY | | | No |
| 12/22/2011 | 663900262 | PR | PR | SATISFACTORY | P | | No |
| 01/05/2010 | 200226189 | PR | PR | SATISFACTORY | | | No |
| 06/04/2008 | 200190555 | PR | PR | SATISFACTORY | | | No |
| 05/25/2007 | 200111785 | PR | PR | ACTION REQUIRED | | Fail | Yes |
| 08/05/1999 | 873192 | ID | SI | SATISFACTORY | | Pass | No |
| 11/17/1997 | 500141013 | PR | PR | | | Pass | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 208618 | WELL | PR | 08/28/2001 | OW | 017-07553 | LOWE ARNOLD 5 | PR | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

Inspector Name: QUINT, CRAIG

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 |
|--------|------------------------------|------------------------------------|-------------------|------|
| Access | SATISFACTORY | Gravel road on edge of farm ground | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|--------------------|-------------------|---------|
| WELLHEAD | SATISFACTORY | Lease sign by unit | | |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

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

Spills:

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

☐ Multiple Spills and Releases?

Fencing/:

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

Equipment:

| | | |
|---------------------------|-----------------------------------|--|
| Type: Ancillary equipment | # 2 | Satisfactory/Action Required: SATISFACTORY |
| Comment | Control panel, cathodic rectifier | |
| Corrective Action | | Date: |
| Type: Pump Jack | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment | 228 American | |
| Corrective Action | | Date: |
| Type: Prime Mover | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment | Elec motor | |
| Corrective Action | | Date: |

Facilities:

☐ New Tank

Tank ID: _____

Inspector Name: QUINT, CRAIG

| | | | | | | | |
|------------------------|------------------------------|------------------------------|---------------------|---------------------|----------|----------------------|--|
| Contents | | # | Capacity | Type | SE GPS | | |
| | | | | CENTRALIZED BATTERY | , | | |
| S/AR | SATISFACTORY | | Comment: | | 1350' NE | | |
| Corrective Action: | | | | | | Corrective Date: | |
| <u>Paint</u> | | | | | | | |
| Condition | | | | | | | |
| Other (Content) _____ | | | | | | | |
| Other (Capacity) _____ | | | | | | | |
| Other (Type) _____ | | | | | | | |
| <u>Berms</u> | | | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | | | |
| | | | | | | | |
| Corrective Action | | | | | | Corrective Date | |
| Comment | | | | | | | |
| <u>Venting:</u> | | | | | | | |
| Yes/No | YES | | | | | | |
| Comment | Casing venting to atmosphere | | | | | | |
| <u>Flaring:</u> | | | | | | | |
| Type | | Satisfactory/Action Required | | | | | |
| Comment: | | | | | | | |
| Corrective Action: | | | | | | Correct Action Date: | |

Predrill

Location ID: 208618

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**S/AR:** SATISFACTORY**Comment:** No issues observed**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: 208618 Type: WELL API Number: 017-07553 Status: PR Insp. Status: PR

Producing Well

Comment: Producing, Central battery 1350' North East

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: _____

Comment: _____

1003a. Waste and Debris removed? 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 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 REVEGETATIONCropland

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Inspector Name: QUINT, CRAIG

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 ☐

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction | Pass | Compaction | Pass | | | |
| Gravel | Pass | Gravel | Pass | | | |

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: Unused areas of the location are partially grassed over and farmed

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT