

**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:  
05/26/2016  
Document Number:  
673403213  
Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                       |                          |             |
|---------------------|---------------|---------------|-----------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:       | On-Site Inspection       | 2A Doc Num: |
|                     | <u>223386</u> | <u>313027</u> | <u>Waldron, Emily</u> | <input type="checkbox"/> |             |

**Operator Information:**

|                       |  |
|-----------------------|--|
| OGCC Operator Number: | <u>10550</u>                                     |
| Name of Operator:     | <u>MUSTANG RESOURCES LLC</u>                     |
| Address:              | <u>1660 LINCOLN STREET SUITE 1450</u>            |
| City:                 | <u>DENVER</u> State: <u>CO</u> Zip: <u>80264</u> |

- 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          |
|----------------|-------|---------------------------------|------------------|
| Couts, Brandon |       | bcoutts@mustangresourcesllc.com | Field Operations |
| Smith, Matt    |       | msmith@mustangresourcesllc.com  |                  |

**Compliance Summary:**

QtrQtr: SWSW Sec: 36 Twp: 9N Range: 91W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 05/21/2015 | 669300853 | PR         | EI          | SATISFACTORY                  |          |                | No              |
| 03/20/2015 | 673401934 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 12/01/2014 | 673401486 | PR         | PR          | <b>ACTION REQUIRED</b>        |          |                | No              |
| 05/07/2013 | 669300548 | PR         | PR          | SATISFACTORY                  | P        |                | No              |
| 11/23/2011 | 662300023 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 11/08/2010 | 200288231 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 09/17/2002 | 200033666 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 10/25/1999 | 500154727 | PR         | PR          |                               |          | Pass           | No              |
| 06/24/1998 | 500154726 | SR         | AL          |                               | P        |                |                 |
| 12/03/1996 | 500154729 | PR         | SI          |                               |          | <b>Fail</b>    | Yes             |
| 08/07/1996 | 500154725 | PR         | PR          |                               |          | Pass           | No              |
| 04/14/1994 | 500154724 |            |             |                               |          |                | Yes             |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name    | Insp Status                            |
|-------------|------|--------|-------------|------------|-----------|------------------|--|
| 112294      | PIT  | CL     | 09/23/1999  |            | -         | BLUE GRAVEL 5-36 | CL <input type="checkbox"/>            |
| 223386      | WELL | SI     | 01/08/2016  | GW         | 081-06750 | STATE 5-36       | SI <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                 |         |                   |         |

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

Comment: 888-291-8588

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: Bird Protectors             | #   | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                           |     |                               |              |       |  |
| Corrective Action                 |     |                               |              | Date: |  |
| Type: Horizontal Heated Separator | # 1 | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                           |     |                               |              |       |  |
| Corrective Action                 |     |                               |              | Date: |  |
| Type: Deadman # & Marked          | # 4 | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                           |     |                               |              |       |  |
| Corrective Action                 |     |                               |              | Date: |  |

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

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

**Predrill**

Location ID: 223386

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: \_\_\_\_\_

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: <u>223386</u> | Type: <u>WELL</u> | API Number: <u>081-06750</u> | Status: <u>SI</u> | Insp. Status: <u>SI</u> |
|----------------------------|-------------------|------------------------------|-------------------|-------------------------|

**Idle Well**

Purpose:  Shut In     Temporarily Abandoned    Reminder: \_\_\_\_\_  
S/A/V: SATISFACTORY    CA Date: \_\_\_\_\_  
CA: \_\_\_\_\_  
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:**

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 \_\_\_\_\_  
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 ? \_\_\_\_\_

Inspector Name: Waldron, Emily

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

**Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

S/A/V: SATISFACTOR Corrective Date: \_\_\_\_\_

Y

Comment: No apparent soil migration; erosion or soil movement.

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

**Pits:**  NO SURFACE INDICATION OF PIT

**Attached Documents**

Inspector Name: Waldron, Emily

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

| Document Num | Description         | URL   |
|--------------|---------------------|---|
| 673403213    | INSPECTION APPROVED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3866638">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3866638</a> |