

**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:

07/19/2016

Document Number:

673403434

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|-----------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection |
| | 282907 | 313257 | Waldron, Emily | <input type="checkbox"/> 2A Doc Num: _____ |

Operator Information:OGCC Operator Number: 10396Name of Operator: SWN PRODUCTION COMPANY LLCAddress: PO BOX 12359City: SPRING State: TX Zip: 77391

- ☐ 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 |
|----------------|--------------|-----------------------|---------------------------|
| Rowell, Cheryl | 713-542-0648 | Cheryl_Rowell@swn.com | Senior Regulatory Analyst |

Compliance Summary:QtrQtr: NWNW Sec: 8 Twp: 6N Range: 92W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 10/03/2014 | 673401237 | TA | TA | SATISFACTORY | | | No |
| 06/30/2014 | 673400767 | TA | TA | SATISFACTORY | | | No |
| 04/17/2014 | 673400430 | TA | TA | ACTION REQUIRED | P | | No |
| 11/06/2012 | 669300250 | TA | TA | SATISFACTORY | I | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 282907 | WELL | TA | 02/18/2015 | GW | 081-07269 | BULL 11-8 | TA | <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 Motors: _____ | 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

Inspector Name: Waldron, Emily

| | | | | |
|--------------------|------------------------------|---------|-------------------|------|
| 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: 1-877-879-0376

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 |
| WELLHEAD | SATISFACTORY | | | |

| | | | | |
|-------------------|---|-------------------------------|--|-------|
| Equipment: | | | | |
| Type: | # | Satisfactory/Action Required: | | |
| Comment | | | | |
| Corrective Action | | | | Date: |

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

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

Predrill

Location ID: 282907

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: 282907 Type: WELL API Number: 081-07269 Status: TA Insp. Status: TA

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____

S/A/V: SATISFACTORY CA Date: _____

CA: _____

Comment: _____

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Date: _____

Inspector Name: Waldron, Emily

| | | |
|--|--|--|
| Corrective Action: _____ | | |
| Reportable: _____ | GPS: Lat _____ | Long _____ |
| Proximity to Surface Water: _____ | | Depth to Ground Water: _____ |
| <u>Water Well:</u> | | |
| DWR Receipt Num: _____ | Owner Name: _____ | GPS : _____ |
| <u>Field Parameters:</u> | | |
| Sample Location: _____ | | |
| Emission Control Burner (ECB): _____ | | |
| Comment: _____ | | |
| Pilot: _____ | Wildlife Protection Devices (fired vessels): _____ | |
| <u>Reclamation - Storm Water - Pit</u> | | |
| <u>Interim Reclamation:</u> | | |
| 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 ? _____ |
| 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 | | |
| <u>Cropland</u> | | |
| Top soil replaced _____ | Recontoured _____ | Perennial forage re-established _____ |
| <u>Non-Cropland</u> | | |

Inspector Name: Waldron, Emily

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
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT