

**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:

08/25/2016

Document Number:

680401022

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 223452 | 313047 | BROWNING, CHUCK | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 10550Name of Operator: MUSTANG RESOURCES LLCAddress: 1660 LINCOLN STREET SUITE 1450City: DENVER State: CO Zip: 80264

- ☐ 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 |
|-----------------|--------------|--------------------------------|-----------------|
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |
| Smith, Matt | | msmith@mustangresourcesllc.com | |

Compliance Summary:QtrQtr: NWSE Sec: 35 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/04/2016 | 673403103 | SI | SI | AR | | | No |
| 04/02/2015 | 673401995 | SI | SI | ACTION REQUIRED | | | No |
| 08/27/2014 | 673401054 | SI | SI | ALLEGED VIOLATION | | | Yes |
| 05/07/2013 | 669300552 | SI | SI | ACTION REQUIRED | Pass | | No |
| 04/20/2006 | 200093980 | PR | PR | SATISFACTORY | | Pass | No |
| 10/25/1999 | 500154776 | PR | PR | | | Pass | No |
| 04/14/1994 | 500154775 | | | | | | |

Inspector Comment:MIT to maintain SI/TA status.**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|-------------------------------------|
| 112289 | PIT | CL | 12/14/2011 | | - | BLUE GRAVEL 5-35 | CL | <input type="checkbox"/> |
| 223452 | WELL | SI | 11/01/2012 | OW | 081-06818 | FEDERAL 5-35 | SI | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

Inspector Name: BROWNING, CHUCK

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 | | | |
| Main | SATISFACTORY | | | |

Signs/Marker:

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

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

☐ Multiple Spills and Releases?

Equipment:

| | | |
|-----------------------------------|-----|--|
| Type: Gas Meter Run | # 2 | Satisfactory/Action Required: SATISFACTORY |
| Comment | | |
| Corrective Action | | Date: |
| Type: Horizontal Heated Separator | # 1 | 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: 223452

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: 223452 Type: WELL API Number: 081-06818 Status: SI Insp. Status: SI

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

S/A/V: _____ CA Date: _____

CA: _____

Comment: MIT to maintain SI/TA status.
 Pressured casing to 700 psi. Hold for 15 min. Final pressure 700 psi. -0 psi loss. OK
 Test witnessed using guages on casing valve.

Environmental**Spills/Releases:**

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

Inspector Name: BROWNING, CHUCK

| | | | |
|---|--|------------------------------|------------|
| Comment: <input style="width:700px" type="text"/> | | | |
| 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: | | | |
| <input style="width:300px" type="text"/> | | | |
| Sample Location: <input style="width:400px" type="text"/> | | | |
| 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: <input style="width:750px" type="text"/> | |
| 1003a. Waste and Debris removed? <u>Pass</u> | |
| CM _____ | |
| CA _____ | CA Date _____ |
| Unused or unneeded equipment onsite? <u>Pass</u> | |
| CM _____ | |
| CA _____ | CA Date _____ |
| Pit, cellars, rat holes and other bores closed? <u>Pass</u> | |
| CM _____ | |
| CA _____ | CA Date _____ |
| Guy line anchors marked? <u>Pass</u> | |
| CM _____ | |
| CA _____ | CA Date _____ |
| 1003b. Area no longer in use? _____ | Production areas stabilized ? <u>Pass</u> |
| 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? <u>Pass</u> | Segregated soils have been replaced? _____ |
| RESTORATION AND REVEGETATION | |
| <u>Cropland</u> | |
| Top soil replaced _____ | Recontoured _____ Perennial forage re-established _____ |

Inspector Name: BROWNING, CHUCK

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

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: SATISFACTORY _____

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 |
|--------------|---------------------|---|
| 680401022 | INSPECTION APPROVED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3937787 |