

**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:  
09/13/2016  
Document Number:  
673713961  
Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 416299      | 416315 | Sherman, Susan  | <input type="checkbox"/> |             |

**Operator Information:**

OGCC Operator Number: 10489  
Name of Operator: AUGUSTUS ENERGY RESOURCES LLC  
Address: 2016 GRAND AVENUE #A  
City: BILLINGS State: MT Zip: 59102

- 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, LONI  | (970) 332-3585 | ldavis@augustusenergy.com |         |

**Compliance Summary:**

QtrQtr: NWNE Sec: 31 Twp: 1N Range: 44W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 03/07/2016 | 673712844 | PR         | PR          | SC                            |          |                | No              |
| 07/03/2013 | 668601051 | PR         | PR          | SATISFACTORY                  | Pass     |                | No              |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name   | Insp Status                            |
|-------------|------|--------|-------------|------------|-----------|-----------------|--|
| 416299      | WELL | PR     | 05/14/2010  | GW         | 125-11793 | DETERDING 31-02 | PR <input checked="" type="checkbox"/> |

**Equipment:**

Location Inventory

|                                 |                         |                     |                          |
|---------------------------------|-------------------------|---------------------|--------------------------|
| Special Purpose Pits: _____     | Drilling Pits: <u>1</u> | Wells: <u>1</u>     | Production Pits: _____   |
| Condensate Tanks: _____         | Water Tanks: <u>1</u>   | Separators: _____   | Electric Motors: _____   |
| Gas or Diesel Mortors: <u>1</u> | Cavity Pumps: _____     | LACT Unit: _____    | Pump Jacks: <u>1</u>     |
| Electric Generators: _____      | Gas Pipeline: <u>1</u>  | Oil Pipeline: _____ | Water Pipeline: <u>1</u> |
| Gas Compressors: _____          | VOC Combustor: _____    | Oil Tanks: _____    | Dehydrator Units: _____  |
| Multi-Well Pits: _____          | Pigging Station: _____  | Flare: _____        | Fuel Tanks: _____        |

**Location**

**Signs/Marker:**

| Type     | Satisfactory/Action Required | Comment            | Corrective Action | CA Date |
|----------|------------------------------|--------------------|-------------------|---------|
| OTHER    | SATISFACTORY                 | lease sign at gate |                   |         |
| WELLHEAD | SATISFACTORY                 |                    |                   |         |

Inspector Name: Sherman, Susan

|  |                        |
|--|------------------------|
| Emergency Contact Number (S/AR): <u>SATISFACTORY</u> | Corrective Date: _____ |
| Comment: _____                                       |                        |
| Corrective Action: _____                             |                        |

|  |      |        |                   |         |
|--|------|--------|-------------------|---------|
| <b>Spills:</b>   |      |        |                   |         |
| Type   | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? |      |        |                   |         |

|                  |                              |              |                   |         |
|------------------|------------------------------|--------------|-------------------|---------|
| <b>Fencing/:</b> |                              |              |                   |         |
| Type             | Satisfactory/Action Required | Comment      | Corrective Action | CA Date |
| WELLHEAD         | SATISFACTORY                 | steel panels |                   |         |

|                           |  |                               |              |       |
|---------------------------|--|-------------------------------|--------------|-------|
| <b>Equipment:</b>         |  |                               |              |       |
| Type: Ancillary equipment | # 3  | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                   | gas scrubber, solar panel, radio telemetry |                               |              |       |
| Corrective Action         |  |                               |              | Date: |
| Type: Pump Jack           | # 1  | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                   | concrete pad                               |                               |              |       |
| Corrective Action         |  |                               |              | Date: |
| Type: Prime Mover         | # 1  | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                   | gas engine                                 |                               |              |       |
| Corrective Action         |  |                               |              | Date: |
| Type: Vertical Separator  | # 1  | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                   | partially buried                           |                               |              |       |
| Corrective Action         |  |                               |              | Date: |
| Type: Gas Meter Run       | # 1  | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                   | shed near well, digital, Flow line-46 psi  |                               |              |       |
| Corrective Action         |  |                               |              | Date: |

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

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

**Predrill**

Location ID: 416299  
 Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_  
**S/AR:** \_\_\_\_\_  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

| Group  | User   | Comment   | Date       |
|--------|--------|---|------------|
| Agency | youngr | Location is in a sensitive area because of close proximity to surface water, therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations. | 03/16/2010 |

**S/AR:** SATISFACTORY **Comment:** No problems seen.

**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: 416299 Type: WELL API Number: 125-11793 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR. Jul 2016 reported to COGCC database. SI at time of inspection.

**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: pasture, well in middle of drainage

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 REVEGETATION**  
Cropland  
 Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_  
Non-Cropland

Inspector Name: Sherman, Susan

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: 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction       | Pass            | Compaction              |                       |               |                          |         |
|                  |                 | Berms                   | Pass                  |               |                          |         |
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |

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

Comment: 5 gravel berms installed on road going down hill to well

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   |
|--------------|-------------------------------|---|
| 673713987    | Augustus Deterding 31-02 REIN | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3951216">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3951216</a> |