

**FORM
INSP**Rev
X/15**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:

10/05/2016

Submitted Date:

10/05/2016

Document Number:

673403718**FIELD INSPECTION FORM**
 Loc ID 313134 Inspector Name: Waldron, Emily On-Site Inspection ☐ 2A Doc Num:
Operator Information:OGCC Operator Number: 10396Name of Operator: SWN PRODUCTION COMPANY LLCAddress: PO BOX 12359City: SPRING State: TX Zip: 77391**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:4 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Rowell, Cheryl	713-542-0648	Cheryl_Rowell@swn.com	Senior Regulatory Analyst

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
259578	WELL	TA	07/12/2013	GW	081-07050	WALKER 3-1	TA

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	1-877-879-0376		
Corrective Action:			Date: _____

Good Housekeeping:			
Type	WEEDS		
Comment:	Noxious weeds on location.		
Corrective Action:	Comply with Rule 603.f using the Rule 603.f guidance document for further details.	Date:	10/15/2016

Overall Good: ☐

Spills:				
Type	Area	Volume		

In Containment: No

Comment: _____

☐ Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Separator	# 1		
Comment:			
Corrective Action:		Date:	

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities									
Facility ID:	259578	Type:	WELL	API Number:	081-07050	Status:	TA	Insp. Status:	TA
Idle Well									
Purpose: <input type="checkbox"/> Shut In <input checked="" type="checkbox"/> Temporarily Abandoned									
Reminder: _____									
Comment: _____									
Corrective Action: _____									
Date: _____									

Reclamation - Storm Water - Pit

Storm Water:

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

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

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT