

**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:

11/01/2016

Submitted Date:

11/01/2016

Document Number:

673403816**FIELD INSPECTION FORM**

Loc ID      Inspector Name:      On-Site Inspection ☐  
 313132      Waldron, Emily      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:**5 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Rowell, Cheryl	713-542-0648	Cheryl_Rowell@swn.com	<a href="#">Senior Regulatory Analyst</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
259508	WELL	TA	08/05/2013	GW	081-07044	WALKER 12-1	TA

**General Comment:**



**Location**Overall Good: ☒

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Sign at entrance has fallen over.		
Corrective Action:		Date:	

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

<b>Good Housekeeping:</b>			
Type	WEEDS		
Comment:	Dried annual weeds adjacent to wellhead.		
Corrective Action:		Date:	

Overall Good: ☐

<b>Spills:</b>					
Type	Area	Volume			

In Containment: No

Comment: \_\_\_\_\_

☐ Multiple Spills and Releases?

<b>Equipment:</b>			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	

<b>Venting:</b>			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	



Inspected Facilities									
Facility ID:	259508	Type:	WELL	API Number:	081-07044	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

Permit:	Facility ID	Permit Num	Expiration Date
	260534	200017583	
	260536	851556	
	262602	1120010	