

**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:

11/09/2016

Submitted Date:

11/15/2016

Document Number:

673403843**FIELD INSPECTION FORM**
 Loc ID 436801 Inspector Name: Waldron, Emily On-Site Inspection ☐ 2A Doc Num:
Operator Information:OGCC Operator Number: 10598Name of Operator: SANDRIDGE EXPLORATION & PRODUCTION LLCAddress: 123 ROBERT S KERR AVECity: OKLAHOMA CITY State: OK Zip: 73102**Status Summary:**

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

Findings:2 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
James, Michael	405-519-6634	mjames@sandridgeenergy.com	
Laird, Spence		slaird@sandridgeenergy.com	
Niven, Jason	405-441-0155	jniven@sandridgeenergy.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
436790	WELL	PR	07/13/2015	OW	057-06526	Surprise Unit 2-08H	PR

General Comment:

LocationOverall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 405-429-5974

Corrective Action:

Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

Type: Plunger Lift	# 1		corrective date
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities									
Facility ID:	436790	Type:	WELL	API Number:	057-06526	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Pumping.								
Corrective Action:				Date:					

Optical Gas Imaging SurveySurvey Type: LDARCurrent Operations: ☒ Production ☐ Workover ☐ Flowback ☐ Referred to APCD

GPS(entrance of location): Lat: _____ Long: _____

Wind: Light Speed: _____ (mph) Direction From: W Weather: Clear Temperature: 56 (F)

Assisting Staff: _____ Camera #: _____

☐ Visible Smoke ☐ Referred to CDPHE

Times Surveyed

Equipment Surveyed

Time Survey Start	AM/PM	Time Survey End	AM/PM
11:13	AM	11:23	AM

Equipment
Flowline
Wellhead(s)

Comment: _____

Corrective Action: _____

Date: _____