

**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	
Niven, Jason	405-441-0155	jniven@sandridgeenergy.com	
Laird, Spence		slaird@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:**

**Location**Overall 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:

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

**Optical Gas Imaging Survey**Survey 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: \_\_\_\_\_

**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673403843	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4003078">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4003078</a>