

**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:
12/12/2016
Submitted Date:
12/12/2016
Document Number:
685301959

FIELD INSPECTION FORM

Loc ID 312071 Inspector Name: St John, William (Cal) On-Site Inspection 2A Doc Num: _____

Status Summary:

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

Operator Information:

OGCC Operator Number: 76104
Name of Operator: SAMSON RESOURCES COMPANY
Address: TWO WEST SECOND ST
City: TULSA State: OK Zip: 74103

Findings:

13 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

| Contact Name | Phone | Email | Comment |
|-------------------|--------------|-----------------------|---------------------------------------|
| Blanchard, Johnna | 970-684-5035 | jblanchard@samson.com | SW Inspection Reports |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 216300 | WELL | PR | 03/14/2006 | GW | 067-07906 | DODD 3-2 | PR |
| 284390 | WELL | PR | | GW | 067-09142 | DODD 33-8-3 5 | PR |

General Comment:

Location

| | | | |
|--------------------|--------|--|-------|
| Lease Road: | | | |
| Type | Access | | |
| comment: | | | |
| Corrective ActionL | | | Date: |

Overall Good:

| | | | |
|----------------------|------------------------------|--|-------|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Corrective action completed. | | |
| Corrective Action: | | | Date: |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

| | | | |
|---------------------------|--|--|-------------|
| Emergency Contact Number: | | | |
| Comment: | | | |
| Corrective Action: | | | Date: _____ |

Overall Good:

| | | | |
|----------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |

| | | | |
|--------------------------|-------------------------------|--|--|
| In Containment: | No | | |
| Comment: | | | |
| <input type="checkbox"/> | Multiple Spills and Releases? | | |

| | | | |
|--------------------|--------------|--|-------|
| Fencing/: | | | |
| Type | WELLHEAD | | |
| Comment: | Panel | | |
| Corrective Action: | | | Date: |
| Type | PUMP JACK | | |
| Comment: | Safety Rails | | |
| Corrective Action: | | | Date: |

| | | | |
|---------------------------|---------------------|--|-----------------|
| Equipment: | | | corrective date |
| Type: Flow Line | # 2 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Ancillary equipment | # 2 | | |
| Comment: | Telemetry Equipment | | |
| Corrective Action: | | | Date: |
| Type: Gas Meter Run | # 2 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

| | | | |
|---------------------------------|--|--|-------|
| Type: Other | # 1 | | |
| Comment: | Water Can and Valve Set | | |
| Corrective Action: | | | Date: |
| Type: Vertical Heated Separator | # 2 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Deadman # & Marked | # 8 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Bird Protectors | # 4 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Other | # 1 | | |
| Comment: | Steel Building with Water Transfer Equipment | | |
| Corrective Action: | | | Date: |
| Type: Other | # 2 | | |
| Comment: | Riser and Valve | | |
| Corrective Action: | | | Date: |
| Type: Ancillary equipment | # 2 | | |
| Comment: | Lube Oil Tank on Spill Prevention | | |
| Corrective Action: | | | Date: |
| Type: Prime Mover | # 2 | | |
| Comment: | Natural Gas Motor | | |
| Corrective Action: | | | Date: |
| Type: Pump Jack | # 2 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Ancillary equipment | # 2 | | |
| Comment: | Wellhead | | |
| Corrective Action: | | | Date: |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---|----------|------------------|---------|--------|
| PRODUCED WATER | 2 | 500 BBLS | HEATED STEEL AST | | , |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Paint

| | | |
|------------------|----------|--|
| Condition | Adequate | |
| Other (Content) | | |
| Other (Capacity) | | |
| Other (Type) | | |

| Berms | | | | | |
|--------------------|----------|---------------------|---------------------|-------------|--|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate | |
| Comment: | | | | | |
| Corrective Action: | | | | Date: | |

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

| Flaring: | | | | | |
|--------------------|--|--|--|-------|--|
| Type | | | | | |
| Comment: | | | | | |
| Corrective Action: | | | | Date: | |

Inspected Facilities

Facility ID: 216300 Type: WELL API Number: 067-07906 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

Facility ID: 284390 Type: WELL API Number: 067-09142 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING _____

Comment _____

Corrective Action _____

Date _____

1002b. SOIL REMOVAL AND SEGREGATION _____

Comment _____

Corrective Action _____

Date _____

1002c. PROTECTION OF SOILS _____

Comment _____

Corrective Action _____

Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment _____

Corrective Action _____

Date _____

1003a. Waste and Debris removed? Pass

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? Pass

Comment _____

Corrective Action _____

Date _____

Pit, cellars, rat holes and other bores closed? Pass

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? Pass

Comment _____

Corrective Action _____

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

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003e. INTERIM VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment

Corrective Action

Date _____

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

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 _____

1004.d. FINAL VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

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 | Pass | Material Handling And Spill Prevention | Pass | |
| Sediment Traps | Pass | | | | | |
| Waddles | Pass | | | | | |
| Rip Rap | Pass | | | | | |
| Gravel | Pass | Gravel | Pass | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT