

**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:

09/11/2017

Submitted Date:

09/13/2017

Document Number:

689800268

FIELD INSPECTION FORM

Loc ID 429513 Inspector Name: Waldron, Emily 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: 10396
Name of Operator: SWN PRODUCTION COMPANY LLC
Address: PO BOX 12359
City: SPRING State: TX Zip: 77391

Findings:

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

Contact Information:

Contact Name	Phone	Email	Comment
Maneotis, Karen	970-620-6099	Karen_Maneotis@swn.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
429513	LOCATION	AC	07/05/2012		-	STODDARD CTB	AO

General Comment:

Large empty text area for general comments.

Location

Overall Good:

Signs/Marker:

Type	BATTERY		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		Date:	
Corrective Action:			

Overall Good:

Spills:

Type	Area	Volume		
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In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type	#	Comment	Corrective Action	Date	corrective date
Bird Protectors					
Horizontal Heated Separator	# 1	40.45181, -107.53520			
Gas Meter Run	# 1	40.45177, -107.53504			
Emission Control Device	# 1	40.45174, -107.53485			

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	400 BBLs	STEEL AST		40.452060,-107.535300
Comment:					
Corrective Action:				Date:	

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate			Adequate	
Comment:					
Corrective Action:					Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	400 BBLs	STEEL AST		
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate			Adequate	
Comment:					
Corrective Action:					Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			
		Date:	

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected Facilities

Facility ID: 429513 Type: LOCATION API Number: - Status: AC Insp. Status: AO

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:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT