

Location

Overall Good:

Signs/Marker:

| | | | |
|--------------------|------------------|-------|--|
| Type | DRILLING/RECOMP | | |
| Comment: | Sign in at shack | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

| | | | |
|--------------------|--|-------|--|
| Comment: | | Date: | |
| Corrective Action: | | | |

Overall Good:

Spills:

| Type | Area | Volume | | |
|------|------|--------|--|--|
| | | | | |

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

| | | | |
|--------------------|---------------------|-------|--|
| Type | LOCATION | | |
| Comment: | Sound walls S and E | | |
| Corrective Action: | | Date: | |

Equipment:

| | | | |
|---------------------------|--------------------------------|-------|-----------------|
| Type: Ancillary equipment | # | | corrective date |
| Comment: | Lights pointed inward and down | | |
| Corrective Action: | | Date: | |

Venting:

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

Flaring:

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

Inspected Facilities

Facility ID: 449907 Type: WELL API Number: 123-44574 Status: DG Insp. Status: AO

Well Stimulation

Stimulation Company: Halliburton Stimulation Type: HYDRAULIC FRAC

Other: _____

Observation:

Maximum Casing Recorded: _____ PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: 7150

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____

Frac Flow Back: _____

Fluid: _____

Gas: _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Berms | Pass | | | | | |
| Ditches | Pass | | | | | |
| Gravel | Pass | Gravel | Pass | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT