

**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:

10/17/2017

Submitted Date:

10/17/2017

Document Number:

680402077**FIELD INSPECTION FORM**
 Loc ID 315979 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num:
Operator Information:OGCC Operator Number: 10591Name of Operator: AUGUSTUS ENERGY PARTNERS II LLCAddress: 2016 GRAND AVENUE SUITE ACity: BILLINGS State: MT Zip: 59102**Status Summary:**

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

Findings:7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Davis, Loni	(970) 332-3585/ (505) 787-7687	ldavis@augustusenergy.com	Operations Accounting and regulatory Specialist

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
231848	WELL	IJ	05/10/2015	DSPW	103-09519	PRF C-1W	SI

General Comment:

Location**Lease Road:**

Type	Access		
comment:			
Corrective Action	L	Date:	
Type	Main		
comment:			
Corrective Action	L	Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Fencing/:**

Type	LOCATION		
Comment:	Barbed wire		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Wellhead inside housing		
Corrective Action:		Date:	

Equipment:

Type: Ancillary equipment	# 1		corrective date
Comment:	Pump inside housing		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	6	400 BBLS	STEEL AST		40.212539,-108.275993
Comment:	New tanks and metal berms.				
Corrective Action:		Date:			

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	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 FacilitiesFacility ID: 231848 Type: WELL API Number: 103-09519 Status: IJ Insp. Status: SI**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>MVRD</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>12/13/2012</u>
			AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 400 Csg psi: 710 BH psi: 0Insp. Status: PassComment: UIC-5 yr MIT.
Pressure well to 710 psi. Hold for 15 min. Final pressure 710 psi. -0 psi loss. OK
Test witnessed by COGCC using chart on truck.

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	Gravel	Pass	Self Inspection	Pass	
Gravel	Pass	Ditches	Pass			

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT