

**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:

09/21/2018

Submitted Date:

09/24/2018

Document Number:

689801658**FIELD INSPECTION FORM**Loc ID 447512 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:5 Number of Comments1 Number of Corrective Actions

- ☒
- Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Inspections, General		sandridgeenvironmental@sandridgeenergy.com	All Inspections
Pesicka, Conor		conor.pesicka@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
447590	WELL	DG	09/08/2018		057-06584	Peters 0781 9-13H12	DG

General Comment:[Routine FIU drilling inspection.](#)[Edit 09/24/2018: Removed CA for emergency contact number. -Conor Pesicka](#)

LocationOverall Good: ☒**Signs/Marker:**

Type	DRILLING/RECOMP		
Comment:	Drilling or recompletion directional sign not posted or information inaccurate, sign not properly sized. No sign on location.		
Corrective Action:	Install sign to comply with Rule 210.a.	Date:	09/11/2018

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?**Venting:**

Yes/No		
Comment:		
Corrective Action:		Date:

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 447590 Type: WELL API Number: 057-06584 Status: DG Insp. Status: DG**Well Drilling**

Rig: Rig Name: Cyclone 33 Pusher/Rig Manager: Frank Harris
Permit Posted: Yes Access Sign: Yes

Well Control Equipment:

Pipe Ram: YES Blind Ram: YES Hydril Type: YES
Pressure Test BOP: Pass Test Pressure PSI: 5000 Safety Plan: YES

Drill Fluids**Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
Multi-Well: _____ Disposal Location: Twin Environmental

Comment: Bit trip at time of inspection.

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
				Covering Materials		
Compaction						
Gravel						
Ditches						
Berms						

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
401772545	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4586686
689801659	Inspection Photo	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4586683