

**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:

11/28/2018

Submitted Date:

11/30/2018

Document Number:

688303028**FIELD INSPECTION FORM**

Loc ID 449920 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 90450Name of Operator: TRUE OIL LLCAddress: P O BOX 2360City: CASPER State: WY Zip: 82601**Status Summary:**

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

Findings:7 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
Walker, Tom	307-266-0241	tom.walker@truecos.com	Principal Agent
Frosting, Kate	307-247-3703	Kate.Frosting@Truecos.com	Environmental
Fanto, John	307-266-0222	john.fanto@truecos.com	Designated Agent
Schmidt, Erich	(307) 266-0243	erich.schmidt@truecos.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
449922	WELL	DG	04/28/2018		005-07268	HAGAR 5-64 15-16-1BHZ	WO
449923	WELL	SI	09/01/2018	OW	005-07269	POWELL 5-64 15-16-1CHZ	SI

General Comment:Frac Inspection
Multiwell pad

Location Construction

Location ID: 449922 CDP: _____

Comment: _____

Corrective Action: _____

Date: _____

Form 2A COAs:

Comment: _____

Corrective Action: _____

Date: _____

Wildlife BMPs:

Comment: 12k BBL MLVT on location for frac

Corrective Action: _____

Date: _____

Comment: _____

Corrective
Action: _____

Date: _____

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____

Address: _____

Phone Number: _____

Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____

Phone Number: _____

Date Onsite Request Received: _____

Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____

Phone Number: _____

Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Inspected FacilitiesFacility ID: 449922 Type: WELL API Number: 005-07268 Status: DG Insp. Status: WO**Well Stimulation**Stimulation Company: HalliburtonStimulation Type: OTHER**Observation:**Other: Hybrid/slickwater and gelMaximum Casing Recorded: 8192 PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) 3910Bradenhead Psi: -12

Frac Flow Back: Fluid: _____ Gas: _____

Comment: Stage 29 of 48, 1352 to 1518 hrs10 pumpsThunder -42 psi on bradenhead, continuous readingsCitadel 26 psi on bradenhead, continuous readingsWildhorse 0 psi on bradenheadPowell 300 psi on bradenhead, 800 psi on tubingCorrective Action: Submit Form 42 for Powell Bradenhead exceeding 200 psi during frac. Submit Form 17 for test done on 11/28/2018 on Powell.Date: 12/03/2018Facility ID: 449923 Type: WELL API Number: 005-07269 Status: SI Insp. Status: SI

Reclamation - Storm Water - Pit**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	
		Gravel	Pass			

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
401857610	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4661576
688303038	True Oil LLC, Hagas 5-64 15-16-1BHZ FRAC	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4661575