

**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:

04/14/2020

Submitted Date:

04/16/2020

Document Number:

689803997**FIELD INSPECTION FORM**Loc ID 446527 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:**9 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 |
|----------------------|-------|--|---------------------------------|
| Inspections, General | | sandridgeenvironmental@sandridgeenergy.com | All Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------------|-------------|
| 446806 | WELL | IJ | 04/30/2019 | DSPW | 057-06562 | Pintail SWD 0780 1-16D | AC |
| 446810 | WELL | SI | 11/01/2019 | OW | 057-06566 | Pintail SWD 0780 2-16D | SI |

General Comment:[COGCC Inspection Report 689803997 Summary](#)

On Tuesday 4/14/2020 at approximately 10:45, I, Inspector Emily Waldron, conducted an UIC inspection at Sandridge Exploration & Production LLC Pintail 16 at 446527 in Jackson County Colorado.

While there, I observed active injection.

During this inspection the following possible compliance issues were observed:

Wellhead signs do not match as built GPS locations in COGCC database. See photos 2 and 3 and COGCC database GIS. Check signs and GPS coordinates to be in compliance with Rule 210.b and Rule 308A.b.(2)F. by 5/18/2020.

A follow up on this site inspection will be conducted to ensure the compliance issues have been corrected to comply with COGCC rules.

This is a summary of inspection report 689803997.

LocationOverall Good: ☒

| | | | |
|----------------------|--|-------|------------|
| Signs/Marker: | | | |
| Type | BATTERY | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | Wellhead signs do not match as built GPS locations in COGCC database. | | |
| Corrective Action: | Check signs and GPS coordinates to be in compliance with Rule 210.b and Rule 308A.b. (2)F. | Date: | 05/18/2020 |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment: 405-429-5974

Corrective Action:

Date: _____

Overall Good: ☒

| | | | | |
|----------------|------|--------|--|--|
| Spills: | | | | |
| Type | Area | Volume | | |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

| | | | |
|-------------------------------|-----|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Emission Control Device | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Bird Protectors | # | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Horizontal Separator | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| | | | | | |
|--------------------|---------|----------|-----------|---------|--------|
| Contents | # | Capacity | Type | Tank ID | SE GPS |
| CRUDE OIL | 3 | OTHER | STEEL AST | | , |
| Comment: | 675 BBL | | | | |
| 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 | |
| PRODUCED WATER | 5 | OTHER | STEEL AST | | , | |
| Comment: 675 BBL | | | | | | |
| 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 FacilitiesFacility ID: 446806 Type: WELL API Number: 057-06562 Status: IJ Insp. Status: AC**Underground Injection Control**UIC Violation: _____ Maximum Injection Pressure: 1672UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: ENRD

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 02/27/2018

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC inspection. Active injection at time of inspection.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Facility ID: 446810 Type: WELL API Number: 057-06566 Status: SI Insp. Status: SI**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: DK-LK

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 02/27/2018

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC inspection. Well shut-in at time of inspection.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

Comment: [No apparent soil migration; erosion or soil movement.](#)

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 |
|--------------|------------------|---|
| 689803999 | Inspection Photo | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5125160 |