

**FORM
INSP**Rev
X/20**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:

05/24/2023

Submitted Date:

05/24/2023

Document Number:

693806115

FIELD INSPECTION FORMLoc ID 314483 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 10779

Name of Operator: SCOUT ENERGY MANAGEMENT LLC

Address: 13800 MONTFORT DRIVE SUITE 100

City: DALLAS State: TX Zip: 75240

Status Summary:

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

Findings:

7 Number of Comments

0 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 |
|------------------|--------------|-----------------------------|-----------------------|
| Labowskie, Steve | | steve.labowskie@state.co.us | |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |
| Sanford, Anita | 970-640-3572 | anita.sanford@scoutep.com | Regulatory Specialist |
| Morgan, John | | john.morgan@state.co.us | |
| Johnson, Mike | 972-674-8679 | Mike.Johnson@scoutep.com | Regional Manager |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|
| 228822 | WELL | IJ | 01/28/2022 | ERIW | 103-05809 | MCLAUGHLIN, A C 7 | SI |

General Comment:

UIC-MIT. Verification of repairs. Wellhead inspection only.

Location**Lease Road:**

| | | | |
|-------------------|--------|-------|--|
| Type | Access | | |
| comment: | | | |
| Corrective Action | | Date: | |
| Type | Main | | |
| comment: | | | |
| Corrective Action | | Date: | |

Overall Good: ☒**Signs/Marker:**

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

Emergency Contact Number:

| | | | |
|--------------------|--------------|-------|--|
| Comment: | 970-675-3700 | | |
| Corrective Action: | | Date: | |

Overall Good: ☒**Spills:**

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

In Containment: No

Comment: ☐ Multiple Spills and Releases?**Equipment:**

| | | | |
|---------------------------|----------|-------|-----------------|
| Type: Ancillary equipment | # 1 | | corrective date |
| Comment: | WAG skid | | |
| Corrective Action: | | Date: | |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Bradenhead | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Venting:

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

Flaring:

| | | |
|----------|--|--|
| Type | | |
| Comment: | | |

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

Inspected FacilitiesFacility ID: 228822 Type: WELL API Number: 103-05809 Status: IJ 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: WEBR

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 07/19/2018

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

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: Verification of Repairs Tbg psi: 1573 Csg psi: 1300 BH psi: 0Insp. Status: Pass

Comment: UIC-MIT. Verification of repairs. Wellhead inspection only.
Form 42 Doc#403408954 received 5/22/2023, with test scheduled for 6/2/2023.
Test date moved to 5/24/2023 at inspectors request.
Pressure well to 1300 psi. Hold for 15 min. Final pressure 1290 psi. -10 psi loss. OK
Test witnessed by COGCC using chart on wellhead.

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 | | | |

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 |
|--------------|-----------------------------|---|
| 693806122 | Inspection photos 5/24/2023 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6125066 |