

Inspector Name: QUINT, CRAIG

FORM
INSPRev
05/11

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Inspection Date:

03/14/2012

Document Number:

663900782

Overall Inspection:

Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name
	415707	415475		QUINT, CRAIG

Operator Information:

OGCC Operator Number: 10275 Name of Operator: AUGUSTUS ENERGY PARTNERS LLC

Address: 2016 GRAND AVE STE A

City: BILLINGS State: MT Zip: 59102

Contact Information:

Contact Name	Phone	Email	Comment
Davis, Lonnie	970-332-3587	ldavis@augustusenergy.com	

Compliance Summary:

QtrQtr: NWNW Sec: 27 Twp: 1S Range: 45W

Inspector Comment:

WELL WAS SPUDDED 3/4/2010 AND HAS NOT BEEN COMPLETED, SHUT IN W/ORBIT VALVE.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name
415475	LOCATION	AC	01/29/2010		-	CHAPMAN 27-04
415707	WELL	XX	02/11/2010		125-11749	CHAPMAN 27-04

Equipment:

Location Inventory

Special Purpose Pits:	Drilling Pits:	1	Wells:	1	Production Pits:
Condensate Tanks:	Water Tanks:	1	Separators:		Electric Motors:
Gas or Diesel Mortors:	1	Cavity Pumps:	LACT Unit:		Pump Jacks:
Electric Generators:		Gas Pipeline:	1	Oil Pipeline:	1
Gas Compressors:	VOC Combustor:		Oil Tanks:		Dehydrator Units:
Multi-Well Pits:	Pigging Station:		Flare:		Fuel Tanks:

Location

Lease Road:

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Main	Satisfactory	WELL OFF OF MAIN COUNTY ROAD.		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	LEASE SIGN BY WELLHEAD.		

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date:

Comment:

Corrective Action:

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				
Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	STEEL PANELS AROUND WELLHEAD.		
Venting:				
Yes/No	Comment			
Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
<u>Predrill</u>				
Location ID: 415475				
Site Preparation:				
Lease Road Adeq.:		Pads:	Soil Stockpile:	
Corrective Action:			Date:	CDP Num.:
Form 2A COAs:				
Wildlife BMPs:				
Stormwater:				
Comment:				
Staking:				
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:				
<u>Well</u>				

Facility ID: 415707 API Number: 125-11749 Status: XX Insp. Status: WO

Idle Well

Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: WELL WAS SPUDDED 3/4/2010 AND HAS NOT BEEN COMPLETED, SHUT IN W/ORBIT VALVE. MIRU FRONTIER, LOAD W/1BBL WATER, PRESSURE CASING TO 355 PSIG, 5 MIN-355#, 10 MIN-355#, 15 MIN-355#, NO PRESSURE LOSS, (PASS).

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: IRRIGATED

Comment: _____

1003a. Debris removed? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____

CA Date _____

1003b. Area no longer in use? PassProduction areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? PassSubsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? PassProduction areas have been stabilized? PassSegregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**Cropland

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-CroplandTop soil replaced PassRecontoured Pass80% Revegetation Pass1003 f. Weeds Noxious weeds? PComment:

UNUSED AREAS OF THE LOCATION ARE GRASS AND FARM GROUND. WELL LOCATED IN THE CORNER OF A IRRIGATED CIRCLE.

Overall Interim Reclamation Pass**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: IRRIGATED _____

Reminder: _____

Comment:

Well plugged _____

Pit mouse/rat holes, cellars backfilled _____

Debris removed _____

No disturbance /Location never built _____

Access Roads Regraded _____Contoured _____Culverts removed _____Gravel removed _____

Location and associated production facilities reclaimed _____

Locations, facilities, roads, recontoured _____

Compaction alleviation _____

Dust and erosion control _____

Non cropland: Revegetated 80% _____

Cropland: perennial forage _____

Weeds present _____

Subsidence _____

Comment: Corrective Action:

Date _____

Overall Final Reclamation

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Other	Pass					

S/U/V: Satisfactory Corrective Date: _____Comment: CA: