

<b>FORM INSP</b> Rev 05/11	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		DE ET OE ES
-------------------------------	--	--	-------------

Inspection Date: 08/16/2013

Document Number: 671100313

Overall Inspection: Satisfactory

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>418065</u>	<u>418080</u>	<u>Peterson, Tom</u>	2A Doc Num:	

**Operator Information:**

OGCC Operator Number: 10334 Name of Operator: SLAWSON EXPLORATION COMPANY INC

Address: 1675 BROADWAY - SUITE 1600

City: DENVER State: CO Zip: 80202

**Contact Information:**

Contact Name	Phone	Email	Comment
Isselhardt, Corky	(303) 592-8880 ext. 235	cisselhardt@slawsoncompanies.com	

**Compliance Summary:**

QtrQtr: SESE Sec: 36 Twp: 11N Range: 66W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/21/2010	200281060	DG	IO	U	F		N

**Inspector Comment:**

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name
418065	WELL	WO	12/06/2010		123-31826	Mousetrap 36-11-66 <input checked="" type="checkbox"/>

**Equipment:** Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>1</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>1</u>	Electric Motors: _____
Gas or Diesel Motors: <u>1</u>	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>1</u>
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>2</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

**Location**

Emergency Contact Number: (S/U/V) \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

**Spills:**

Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

<b>Venting:</b>	
Yes/No	Comment

<b>Flaring:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

**Predrill**

Location ID: 418080

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

**Comment:** \_\_\_\_\_

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Wildlife BMPs:**

**Comment:** \_\_\_\_\_

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Stormwater:**

Erosion BMPs	Present	Other BMPs	Present

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: Erosion BMPs: \_\_\_\_\_  
 Other BMPs: \_\_\_\_\_

**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:

\_\_\_\_\_

<b>Facility</b>			
Facility ID: <u>418065</u>	Type: <u>WELL</u>	API Number: <u>123-31826</u>	Status: <u>WO</u> Insp. Status: <u>PA</u>
<b>Cement</b>			
<u>Cement Contractor</u>			
Contractor Name: _____	Contractor Phone: _____		
<u>Surface Casing</u>			
Cement Volume (sx): _____	Circulate to Surface: _____		
Cement Fall Back: _____	Top Job, 1" Volume: _____		
<u>Intermediate Casing</u>			
Cement Volume (sxs): _____	Good Return During Job: _____		
<u>Production Casing</u>			
Cement Volume (sx): _____	Good Return During Job: _____		
<u>Plugging Operations</u>			
Depth Plugs(feet range): _____	Cement Volume (sx): _____		
Good Return During Job: _____	Cement Type: _____		
Comment: <input style="width: 90%;" type="text" value="Well has been plugged and abandoned"/>			

<b>Environmental</b>			
<b><u>Spills/Releases:</u></b>			
Type of Spill: _____	Description: _____	Estimated Spill Volume: _____	
Comment: <input style="width: 95%;" type="text"/>			
Corrective Action: _____			Date: _____
Reportable: _____	GPS: Lat _____	Long _____	
Proximity to Surface Water: _____	Depth to Ground Water: _____		

<b><u>Water Well:</u></b>			
DWR Receipt Num: _____	Owner Name: _____	GPS : _____	Lat _____ Long _____

<b><u>Field Parameters:</u></b>			
Sample Location: <input style="width: 95%;" type="text"/>			

Emission Control Burner (ECB): _____
Comment: _____
Pilot: _____    Wildlife Protection Devices (fired vessels): _____

<b>Reclamation - Storm Water - Pit</b>	
<b><u>Interim Reclamation:</u></b>	
Date Interim Reclamation Started: _____	Date Interim Reclamation Completed: _____
Land Use: RANGELAND	
Comment: <input style="width: 95%;" type="text"/>	
1003a. Debris removed? _____	CM _____

CA \_\_\_\_\_ CA Date \_\_\_\_\_  
 Waste Material Onsite? \_\_\_\_\_ CM \_\_\_\_\_  
 CA \_\_\_\_\_ CA Date \_\_\_\_\_  
 Unused or unneeded equipment onsite? \_\_\_\_\_ CM \_\_\_\_\_  
 CA \_\_\_\_\_ CA Date \_\_\_\_\_  
 Pit, cellars, rat holes and other bores closed? \_\_\_\_\_ 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? \_\_\_\_\_ Production areas stabilized ? \_\_\_\_\_  
 1003c. Compacted areas have been cross ripped? \_\_\_\_\_  
 1003d. Drilling pit closed? \_\_\_\_\_ Subsidence over on drill pit? \_\_\_\_\_  
 Cuttings management: \_\_\_\_\_  
 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? \_\_\_\_\_  
 Production areas have been stabilized? \_\_\_\_\_ Segregated soils have been replaced? \_\_\_\_\_

RESTORATION AND REVEGETATION

Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ 80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_  
 Comment: \_\_\_\_\_

Overall Interim Reclamation

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_  
 Final Land Use: RANGELAND \_\_\_\_\_  
 Reminder: \_\_\_\_\_  
 Comment: \_\_\_\_\_  
 Well plugged Pass Pit mouse/rat holes, cellars backfilled Pass  
 Debris removed Pass No disturbance /Location never built \_\_\_\_\_  
 Access Roads Regraded Pass Contoured Pass Culverts removed Pass  
Gravel removed Pass  
 Location and associated production facilities reclaimed Pass Locations, facilities, roads, recontoured Pass  
 Compaction alleviation Pass Dust and erosion control Pass  
 Non cropland: Revegetated 80% \_\_\_\_\_ Cropland: perennial forage In  
 Weeds present Pass Subsidence Pass  
 Comment: \_\_\_\_\_  
 Corrective Action: \_\_\_\_\_ Date \_\_\_\_\_

Inspector Name: Peterson, Tom

Overall Final Reclamation      In Process      Multi-Well Location

**Storm Water:**

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

S/U/V: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Comment:

CA: