

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

DE ET OE ES

Inspection Date:

03/27/2015

Document Number:

673710136

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 418243      | 338169 | Sherman, Susan  | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 10489Name of Operator: AUGUSTUS ENERGY RESOURCES LLCAddress: 2016 GRAND AVENUE #ACity: BILLINGS State: MT Zip: 59102

- ☒ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

**Contact Information:**

| Contact Name | Phone          | Email                     | Comment |
|--------------|----------------|---------------------------|---------|
| DAVIS, LONI  | (970) 332-3585 | ldavis@augustusenergy.com |         |

**Compliance Summary:**QtrQtr: SWSW Sec: 23 Twp: 1S Range: 44W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 11/04/2014 | 673707726 | PR         | PR          | ACTION REQUIRED               |          |                | No              |
| 02/16/2012 | 663900594 | PR         | PR          | SATISFACTORY                  | P        |                | No              |
| 02/16/2011 | 200297049 | PR         | PR          | ACTION REQUIRED               |          |                | Yes             |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 293354      | WELL | DA     | 11/11/2007  | DA         | 125-11048 | SHEA 23-13    | DA          | <input type="checkbox"/>            |
| 418243      | WELL | PR     | 09/14/2010  | GW         | 125-11906 | KIRWIN 23-13  | PR          | <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: _____   | Electric Motors: _____   |
| Gas or Diesel Mortors: <u>1</u> | Cavity Pumps: _____     | LACT Unit: _____    | Pump Jacks: <u>1</u>     |
| Electric Generators: _____      | Gas Pipeline: <u>1</u>  | Oil Pipeline: _____ | Water Pipeline: <u>1</u> |
| Gas Compressors: _____          | VOC Combustor: _____    | Oil Tanks: _____    | Dehydrator Units: _____  |
| Multi-Well Pits: _____          | Pigging Station: _____  | Flare: _____        | Fuel Tanks: _____        |

**Location**

Inspector Name: Sherman, Susan

|                    |                              |         |                   |      |
|--------------------|------------------------------|---------|-------------------|------|
| <b>Lease Road:</b> |                              |         |                   |      |
| Type               | Satisfactory/Action Required | comment | Corrective Action | Date |
| Access             | SATISFACTORY                 |         |                   |      |

|                      |                              |                     |                   |         |
|----------------------|------------------------------|---------------------|-------------------|---------|
| <b>Signs/Marker:</b> |                              |                     |                   |         |
| Type                 | Satisfactory/Action Required | Comment             | Corrective Action | CA Date |
| WELLHEAD             | SATISFACTORY                 |                     |                   |         |
| OTHER                | SATISFACTORY                 | meter house @ CR EE |                   |         |

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

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

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

|                           |                              |         |                   |         |
|---------------------------|------------------------------|---------|-------------------|---------|
| <b>Good Housekeeping:</b> |                              |         |                   |         |
| Type                      | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WEEDS                     | SATISFACTORY                 | sprayed |                   |         |

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

|                  |                              |             |                   |         |
|------------------|------------------------------|-------------|-------------------|---------|
| <b>Fencing/:</b> |                              |             |                   |         |
| Type             | Satisfactory/Action Required | Comment     | Corrective Action | CA Date |
| OTHER            | SATISFACTORY                 | meter house |                   |         |
| WELLHEAD         | SATISFACTORY                 |             |                   |         |

|                    |   |                              |         |                   |         |
|--------------------|---|------------------------------|---------|-------------------|---------|
| <b>Equipment:</b>  |   |                              |         |                   |         |
| Type               | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Gas Meter Run      | 1 | SATISFACTORY                 |         |                   |         |
| Vertical Separator | 1 | SATISFACTORY                 |         |                   |         |
| Pump Jack          | 1 | SATISFACTORY                 |         |                   |         |
| Prime Mover        | 1 | SATISFACTORY                 |         |                   |         |

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

|                 |                              |         |                   |         |
|-----------------|------------------------------|---------|-------------------|---------|
| <b>Flaring:</b> |                              |         |                   |         |
| Type            | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                 |                              |         |                   |         |

**Predrill**

Location ID: 418243

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/A/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/A/V:** SATISFACTORY **Comment:** No COAs.**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:****S/A/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**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:****Facility**

Facility ID: 418243 Type: WELL API Number: 125-11906 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR. Jan 2015 reported to COGCC database.

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

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

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

Reportable: \_\_\_\_\_ GPS: Lat \_\_\_\_\_ Long \_\_\_\_\_

Inspector Name: Sherman, Susan

Proximity to Surface Water: \_\_\_\_\_

Depth to Ground Water: \_\_\_\_\_

**Water Well:**

DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_ Lat \_\_\_\_\_ Long \_\_\_\_\_

**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: CRP

Comment: Colby silt loam.

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? \_\_\_\_\_ 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? \_\_\_\_\_

Inspector Name: Sherman, Susan

Comment:

Overall Interim Reclamation

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started:

Date Final Reclamation Completed:

Final Land Use: CRP

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

Well Release on Active Location ☐

Multi-Well Location ☐

**Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction       | Pass            | Compaction              | Pass                  |               |                          |         |
| Gravel           | Pass            | Culverts                | Pass                  |               |                          |         |

S/A/V: SATISFACTOR  
Y

Corrective Date:

Comment:

CA:

**Pits:** ☐ NO SURFACE INDICATION OF PIT

**COGCC Comments**

| Comment   | User     | Date       |
|---|----------|------------|
| Corrective actions from 11/4/2014 inspection completed. | ShermaSe | 03/30/2015 |

**Attached Documents**

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description           | URL   |
|--------------|-----------------------|---|
| 673710137    | Augustus Kirwin 23-13 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3579824">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3579824</a> |