

**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
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Inspection Date:  
11/30/2015Document Number:  
673402699Overall Inspection:  
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	424708	424711	Waldron, Emily	<input type="checkbox"/>	

**Operator Information:**OGCC Operator Number: 10396Name of Operator: SWN PRODUCTION COMPANY LLCAddress: PO BOX 12359City: SPRING State: TX Zip: 77391

- ☐ 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
Rowell, Cheryl	713-542-0648	Cheryl_Rowell@swn.com	Senior Regulatory Analyst

**Compliance Summary:**QtrQtr: SENW Sec: 25 Twp: 6N Range: 88W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/09/2015	673401773	PR	PR	SATISFACTORY			No
04/07/2014	673400365	PR	PR	SATISFACTORY			No
05/28/2013	669300604	WO	WO	ACTION REQUIRED			No
01/24/2013	669300335	DG	WO	SATISFACTORY	I		No

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

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
424708	WELL	PR	09/12/2014	OW	107-06242	Dawson Creek 1-25	PR	<input checked="" type="checkbox"/>

**Equipment:**Location Inventory

Special Purpose Pits: <u>        </u>	Drilling Pits: <u>1</u>	Wells: <u>1</u>	Production Pits: <u>        </u>
Condensate Tanks: <u>1</u>	Water Tanks: <u>3</u>	Separators: <u>2</u>	Electric Motors: <u>        </u>
Gas or Diesel Motors: <u>1</u>	Cavity Pumps: <u>2</u>	LACT Unit: <u>        </u>	Pump Jacks: <u>1</u>
Electric Generators: <u>3</u>	Gas Pipeline: <u>        </u>	Oil Pipeline: <u>        </u>	Water Pipeline: <u>        </u>
Gas Compressors: <u>2</u>	VOC Combustor: <u>        </u>	Oil Tanks: <u>2</u>	Dehydrator Units: <u>        </u>
Multi-Well Pits: <u>        </u>	Pigging Station: <u>        </u>	Flare: <u>1</u>	Fuel Tanks: <u>2</u>

**Location**

Inspector Name: Waldron, Emily

<b>Signs/Marker:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			

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

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

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

<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
WELLHEAD	SATISFACTORY			

<b>Equipment:</b>					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Gas Meter Run	1	SATISFACTORY			
Horizontal Heater Treater	1	SATISFACTORY			
Plunger Lift	1	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			
Flare	1	SATISFACTORY			
Bird Protectors		SATISFACTORY			

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	HEATED STEEL AST	40.450260,-107.213620

S/A/V: SATISFACTORY Comment: \_\_\_\_\_

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

**Paint**

Condition	Adequate
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Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate			Adequate
Corrective Action				Corrective Date
Comment				

Inspector Name: Waldron, Emily

<b>Facilities:</b> <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	400 BBLS	HEATED STEEL AST	,
S/A/V:	SATISFACTORY		Comment:	
Corrective Action:			Corrective Date:	
<b>Paint</b>				
Condition	Adequate			
Other (Content) _____				
Other (Capacity) _____				
Other (Type) _____				
<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate			Adequate
Corrective Action			Corrective Date	
Comment				
<b>Venting:</b>				
Yes/No	Comment			
NO				
<b>Flaring:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ignitor/Combustor	SATISFACTORY			
<b>Predrill</b>				
Location ID: 424708				
<b>Site Preparation:</b>				
Lease Road Adeq.: _____		Pads: _____	Soil Stockpile: _____	
<b>S/A/V:</b> _____				
Corrective Action: _____		Date: _____	CDP Num.: _____	
<b>Form 2A COAs:</b>				
Group	User	Comment	Date	
OGLA	kubeczkod	The drilling pit must be lined, or a closed loop system must be implemented during drilling. All cuttings generated during drilling with OBM must be kept in the lined drilling pit, or placed either in containers or on a lined/bermed portion of the well pad; prior to offsite disposal.	07/07/2011	
<b>S/A/V:</b> SATISFACTORY		<b>Comment:</b> _____		
<b>CA:</b> _____			<b>Date:</b> _____	
<b>Wildlife BMPs:</b>				

BMP Type	Comment
Wildlife	<p>See Wildlife BMPs CDOW attachment for complete email from CDOW.</p> <ul style="list-style-type: none"> <li>• Establish company guidelines to minimize wildlife mortality from vehicle collisions on roads.</li> <li>• Prior to development, establish baseline vegetation condition and inventory and to provide a basis for post-development habitat restoration.</li> <li>• Gate single-purpose roads and restrict general public access to reduce traffic disruptions to wildlife.</li> <li>• Close and immediately reclaim all roads that are redundant, not used regularly, or have been abandoned to the maximum extent possible to minimize disturbance and habitat fragmentation.</li> <li>• Avoid aggressive non-native grasses and shrubs in mule deer and elk habitat restoration.</li> <li>• Reclaim mule deer and elk habitats with native shrubs, grasses, and forbs appropriate to the ecological site disturbed.</li> <li>• Restore appropriate sagebrush species or subspecies on disturbed sagebrush sites. Use locally collected seed for reseeding where possible.</li> </ul>
Storm Water/Erosion Control	<p>Stormwater Management Plans (SWMP) are in place to comply with both Colorado Department of Public Health and Environment (CDPHE) and Colorado Oil and Gas Control Commission (COGCC) stormwater discharge permits. The construction layout for Dawson Creek 1-25 details Best Management Practices (BMP) to be installed during initial construction. Note that BMPs may be removed, altered, or replaced with changing conditions in the field and the SWMP will be updated accordingly.</p> <p>The BMPs prescribed for the initial construction phase include, but are not limited to</p> <ul style="list-style-type: none"> <li>• Construction diversion ditch</li> <li>• Sediment reservoirs</li> <li>• Check dams</li> <li>• Level spreaders</li> <li>• Stabilized construction entrance</li> <li>• Slash</li> <li>• Sediment trap</li> <li>• Wattle</li> <li>• Terrace</li> <li>• Secondary containment berms</li> <li>• Detention ponds</li> </ul>
Material Handling and Spill Prevention	<p>Spill Prevention Plans (SPCC) are in place to address material releases and to prescribe materials handling BMPs for the facility. "Good house-keeping" measures will be taken to ensure proper waste disposal.</p>

**S/A/V:** SATISFACTORY**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:**

Inspector Name: Waldron, Emily

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

#### Facility

Facility ID: 424708 Type: WELL API Number: 107-06242 Status: PR Insp. Status: PR

#### Producing Well

Comment:

#### 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: RANGELAND

Comment:

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 \_\_\_\_\_ 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

Inspector Name: Waldron, Emily

S/A/V: SATISFACTOR

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

Y

Comment: No apparent soil migration; erosion or soil movement.

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT