

**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

Inspection Date:

02/24/2016

Document Number:

673712699

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 417621 | 417637 | 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: NESE Sec: 7 Twp: 1S Range: 45W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 06/14/2012 | 663901260 | PR | PR | SATISFACTORY | P | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|-------------------------------------|
| 417621 | WELL | PR | 09/22/2010 | GW | 125-11872 | PRICKETT 07-09 | 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> </u> | Water Tanks: <u>1</u> | Separators: <u> </u> | Electric Motors: <u> </u> |
| Gas or Diesel Mortors: <u>1</u> | Cavity Pumps: <u> </u> | LACT Unit: <u> </u> | Pump Jacks: <u>1</u> |
| Electric Generators: <u> </u> | Gas Pipeline: <u>1</u> | Oil Pipeline: <u> </u> | Water Pipeline: <u>1</u> |
| Gas Compressors: <u> </u> | VOC Combustor: <u> </u> | Oil Tanks: <u> </u> | Dehydrator Units: <u> </u> |
| Multi-Well Pits: <u> </u> | Pigging Station: <u> </u> | Flare: <u> </u> | Fuel Tanks: <u> </u> |

Location**Lease Road:**

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|------|------------------------------|---------|-------------------|------|
| | | | | |

| Signs/Marker: | | | | |
|----------------------|------------------------------|-----------------------------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD | SATISFACTORY | | | |
| OTHER | SATISFACTORY | lease sign @ CR V | | |
| OTHER | SATISFACTORY | signs on meter sheds @ CR V | | |

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

| Good Housekeeping: | | | | |
|---------------------------|------------------------------|---------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| | | | | |

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

| Fencing/: | | | | |
|------------------|------------------------------|---|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| OTHER | SATISFACTORY | steel panels on pasture side of meter sheds and gathering lines | | |
| OTHER | SATISFACTORY | steel panels around REA pole with transformer | | |
| WELLHEAD | SATISFACTORY | steel panels around equipment | | |

| Equipment: | | | | |
|--------------------------|---|-------------------------------|--------------|-------|
| Type: Gathering Line | # 1 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | near GMR | | | |
| Corrective Action | | | | Date: |
| Type: Vertical Separator | # 3 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | partially buried | | | |
| Corrective Action | | | | Date: |
| Type: Prime Mover | # 1 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | gas engine | | | |
| Corrective Action | | | | Date: |
| Type: Pump Jack | # 1 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | concrete pad | | | |
| Corrective Action | | | | Date: |
| Type: Gas Meter Run | # 3 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | 2 sheds, 3 digital meters, GPS 39.98255, -102.44910 | | | |

Inspector Name: Sherman, Susan

| | | | |
|---------------------------|--|-------------------------------|--------------|
| Corrective Action | | Date: | |
| Type: Ancillary equipment | # 3 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | gas scrubber @ wellhead; REA pole with transformer, radio telemetry and solar panel at meter sheds | | |
| Corrective Action | | | Date: |

Venting:

| | |
|---------|--|
| Yes/No | |
| Comment | |

Flaring:

| | | | |
|--------------------|--|------------------------------|--|
| Type | | Satisfactory/Action Required | |
| Comment: | | | |
| Corrective Action: | | Correct Action Date: | |

Predrill

Location ID: 417621

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AR: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:S/AR: SATISFACTORY **Comment:** No problems seen.

CA: _____ Date: _____

Wildlife BMPs:S/AR: _____ **Comment:** _____

CA: _____ Date: _____

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: 417621 Type: WELL API Number: 125-11872 Status: PR Insp. Status: PR

Producing Well

Comment: PR. Dec 2015 reported to COGCC database.

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:

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: RANGELAND

Comment: pasture

1003a. Waste and Debris removed? 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 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 REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Inspector Name: Sherman, Susan

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | Gravel | Pass | | | |
| Compaction | Pass | Compaction | Pass | | | |

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

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 |
|--------------|-------------------------|---|
| 673712713 | Augustus Prickett 07-09 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3792627 |