

**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:

673712700

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 417545      | 417531 | 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: SWSE 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 | 663901258 | PR         | PR          | SATISFACTORY                  | P        |                | No              |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name  | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|-------------------------------------|
| 417545      | WELL | PR     | 09/16/2010  | GW         | 125-11871 | PRICKETT 07-15 | 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****Lease Road:**

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

Inspector Name: Sherman, Susan

| <b>Signs/Marker:</b> |                              |                   |                   |         |
|----------------------|------------------------------|-------------------|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment           | Corrective Action | CA Date |
| WELLHEAD             | SATISFACTORY                 |                   |                   |         |
| OTHER                | SATISFACTORY                 | lease sign @ CR V |                   |         |

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

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

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

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

| <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                 | steel panels around equipment |                   |         |

| Equipment:                |              |                               |              |       |
|---------------------------|--------------|-------------------------------|--------------|-------|
| Type: Prime Mover         | # 1          | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                   | gas engine   |                               |              |       |
| Corrective Action         |              |                               |              | Date: |
| Type: Ancillary equipment | # 1          | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                   | gas scrubber |                               |              |       |
| Corrective Action         |              |                               |              | Date: |
| Type: Pump Jack           | # 1          | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                   | concrete pad |                               |              |       |
| Corrective Action         |              |                               |              | Date: |

| <b>Facilities:</b>                |          |                |                     |                  |
|-----------------------------------|----------|----------------|---------------------|------------------|
| <input type="checkbox"/> New Tank |          | Tank ID: _____ |                     |                  |
| Contents                          | #        | Capacity       | Type                | SE GPS           |
|                                   |          |                | CENTRALIZED BATTERY | ,                |
| S/AR                              | Comment: |                |                     |                  |
| Corrective Action:                |          |                |                     | Corrective Date: |

**Paint**

|           |  |
|-----------|--|
| Condition |  |
|-----------|--|

Other (Content) \_\_\_\_\_

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

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

**Berms**

Inspector Name: Sherman, Susan

|                   |          |                     |                     |             |                 |
|-------------------|----------|---------------------|---------------------|-------------|-----------------|
| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |                 |
|                   |          |                     |                     |             |                 |
| Corrective Action |          |                     |                     |             | Corrective Date |
| Comment           |          |                     |                     |             |                 |

**Venting:**

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

**Flaring:**

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

**Predrill**

Location ID: 417545

**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: 417545 Type: WELL API Number: 125-11871 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, sandy areas on truck turn around (see attached photo)

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? \_\_\_\_\_

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: \_\_\_\_\_

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   |
|--------------|-------------------------|---|
| 673712714    | Augustus Prickett 07-15 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3792628">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3792628</a> |