

**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:

04/27/2016

Document Number:

673403152

Overall Inspection:

SATISFACTORY w/ CMT  
or AR**FIELD INSPECTION FORM**

|                     |             |        |                 |  |
|---------------------|-------------|--------|-----------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection                         |
|                     | 421255      | 421227 | Waldron, Emily  | <input type="checkbox"/> 2A Doc Num: _____ |

**Operator Information:**OGCC Operator Number: 10598Name of Operator: SANDRIDGE EXPLORATION & PRODUCTION LLCAddress: 123 ROBERT S KERR AVECity: OKLAHOMA CITY State: OK Zip: 73102

- ☐ 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 |
|---------------|--------------|----------------------------|---------|
| Niven, Jason  | 405-441-0155 | jniven@sandridgeenergy.com |         |
| Laird, Spence |              | slaird@sandridgeenergy.com |         |

**Compliance Summary:**QtrQtr: SWSW Sec: 13 Twp: 7N Range: 81W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 08/20/2015 | 673402375 | PR         | WK          | SATISFACTORY                  |          |                | No              |
| 06/30/2015 | 673402218 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 09/16/2014 | 673401113 | PR         | PR          | SATISFACTORY                  | I        |                | No              |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name  | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|-------------------------------------|
| 421255      | WELL | PR     | 08/13/2013  | OW         | 057-06508 | Coalmont 3-13H | 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>2</u>   | Separators: <u>2</u>   | Electric Motors: _____  |
| Gas or Diesel Mortors: _____  | Cavity Pumps: <u>2</u>  | LACT Unit: <u>1</u>    | Pump Jacks: <u>1</u>    |
| Electric Generators: <u>1</u> | Gas Pipeline: <u>1</u>  | Oil Pipeline: <u>1</u> | Water Pipeline: _____   |
| Gas Compressors: _____        | VOC Combustor: <u>1</u> | Oil Tanks: <u>5</u>    | Dehydrator Units: _____ |
| Multi-Well Pits: _____        | Pigging Station: _____  | Flare: <u>1</u>        | Fuel Tanks: _____       |

**Location**

Inspector Name: Waldron, Emily

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

|                      |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| <b>Signs/Marker:</b> |                              |         |                   |         |
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |

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

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

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

|                           |                              |   |  |            |
|---------------------------|------------------------------|---|--|------------|
| <b>Good Housekeeping:</b> |                              |   |  |            |
| Type                      | Satisfactory/Action Required | Comment   | Corrective Action  | CA Date    |
| STORAGE OF SUPL           | <b>ACTION REQUIRED</b>       | Used rods stored on location. Equipment stored off perimeter of location. | Comply with Rule 603.f using the Rule 603.f guidance document for further details. | 07/27/2016 |

|  |      |        |                   |         |
|--|------|--------|-------------------|---------|
| <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 |
|                  |                              |         |                   |         |

|                          |  |  |  |                 |
|--------------------------|--|--|--|-----------------|
| <b>Equipment:</b>        |  |  |  |                 |
| Type: Deadman # & Marked | # 4  | Satisfactory/Action Required: SATISFACTORY           |  |                 |
| Comment                  |  |  |  |                 |
| Corrective Action        |  |  |  | Date:           |
| Type: Pump Jack          | # 1  | Satisfactory/Action Required: <b>ACTION REQUIRED</b> |  |                 |
| Comment                  | Straw wattle around wellhead. Appears to be in response to leak or spill.  |  |  |                 |
| Corrective Action        | Complete spill clean up. Securely fasten all valves, pipes, and fittings to ensure good mechanical condition per Rule 605.d. |  |  | Date: 5/27/2016 |

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

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

|                 |        |
|-----------------|--------|
| <b>Predrill</b> |        |
| Location ID:    | 421255 |

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

**S/AR:** \_\_\_\_\_

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

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

CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

| Group | User      | Comment  | Date       |
|-------|-----------|--|------------|
| OGLA  | kubeczkod | Operator must implement best management practices to contain any unintentional release of fluids, including any fluids conveyed via temporary surface pipelines.   | 01/01/2011 |
| OGLA  | kubeczkod | Reserve pit must be lined or a closed loop system (which Entek has indicated on the Form 2A) must be   | 01/01/2011 |
| OGLA  | kubeczkod | The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1.  | 01/01/2011 |
| OGLA  | kubeczkod | Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations; including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures sufficiently protective of nearby surface water. | 01/01/2011 |

**S/AR:** SATISFACTORY**Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_**Date:** \_\_\_\_\_**Wildlife BMPs:**

| BMP Type | Comment  |
|----------|--|
| Wildlife | 1. In consideration to the Greater Sage Grouse, EOG will begin construction/drilling activities after June 15.<br>2. EOG will utilized a semi closed loop system to drill the referenced well. In the event there is standing water, it will be treated for mosquito abatement.<br>3. EOG will use a seed mixture approved by the landowner. |
| Wildlife | 1. In consideration to the Greater Sage Grouse, EOG will begin construction/drilling activities after June 15.<br>2. EOG will utilized a semi closed loop system to drill the referenced well. In the event there is standing water, it will be treated for mosquito abatement.<br>3. EOG will use a seed mixture approved by the landowner. |

**S/AR:** SATISFACTORY**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: \_\_\_\_\_

Inspector Name: Waldron, Emily

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: 421255 Type: WELL API Number: 057-06508 Status: PR Insp. Status: PR

**Producing Well**

Comment: Pumping.

**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. Waste and Debris removed? \_\_\_\_\_

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 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 ☐

Inspector Name: Waldron, Emily

| <b>Storm Water:</b>   |                 |                         |                       |               |                          |         |
|---|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Loc Erosion BMPs  | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|   |                 |                         |                       |               |                          |         |
| S/A/V: <b>ACTION REQUIRED</b> Corrective Date: <b>05/27/2016</b>  |                 |                         |                       |               |                          |         |
| Comment: <b>Used rods stored on location with no containment. "Lid" on location with unknown substance caking inside and full to point of overflow with fluid. Ruts 6-12 inches deep holding stormwater covering entire location.</b> |                 |                         |                       |               |                          |         |
| CA: <b>Install or repair required BMPs per Rule 1002.f. Refer to the 1002.f guidance document for further details.</b>  |                 |                         |                       |               |                          |         |
| Pits: <input type="checkbox"/> 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   |
|--------------|-------------------|---|
| 673403153    | Inspection Photos | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3842822">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3842822</a> |