

**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:

08/24/2016

Document Number:

679901817

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 208143 | 321830 | Welsh, Brian | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 10142Name of Operator: MID-CON ENERGY OPERATING LLCAddress: 2431 E 61ST ST STE 850City: TULSA State: OK Zip: 74136

- ☐ 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 |
|-------------------|--------------|----------------------------------|----------|
| Von Plonski, Josh | 713-589-8191 | josh_vonplonski@pogresources.com | Engineer |

Compliance Summary:QtrQtr: SWNE Sec: 12 Twp: 13S Range: 43W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 05/05/2016 | 679901494 | IJ | AC | SATISFACTORY | | | No |
| 06/08/2015 | 668501513 | IJ | IJ | SATISFACTORY | | | No |
| 04/29/2014 | 668602570 | IJ | AC | ALLEGED VIOLATION | Pass | | Yes |
| 04/08/2013 | 668600607 | IJ | AC | SATISFACTORY | | | No |
| 11/21/2011 | 663900113 | IJ | AC | SATISFACTORY | Pass | | No |
| 05/23/2011 | 200310809 | RT | AC | SATISFACTORY | | | No |
| 03/02/2010 | 200235523 | RT | AC | SATISFACTORY | | | No |
| 06/24/2009 | 200213486 | RT | AC | SATISFACTORY | | | No |
| 05/16/2008 | 200190095 | RT | AC | SATISFACTORY | | | No |
| 04/27/2007 | 200109744 | RT | AC | SATISFACTORY | | Pass | No |
| 10/03/2006 | 200098126 | MI | SI | SATISFACTORY | | Pass | No |
| 06/29/1999 | 873396 | PR | PR | | | Pass | No |
| 09/25/1997 | 500140048 | PR | PR | | | Pass | No |
| 02/08/1996 | 500140047 | PR | PR | | | Pass | No |
| 01/25/1995 | 500140046 | PR | PR | | | | |
| 12/03/1993 | 500140045 | | PR | | | Pass | No |

Inspector Comment:

5 year UIC MIT

Related Facilities:

Inspector Name: Welsh, Brian

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|-----------------------------|--------|-------------|------------|-----------|--|-------------|-------------------------------------|
| 159169 | UIC ENHANCED RECOVERY | AC | 10/30/2006 | | - | HARKER RANCH MORROW SAND UNIT | AC | <input type="checkbox"/> |
| 208143 | WELL | IJ | 05/24/2013 | ERIW | 017-07078 | HARKER RANCH MORROW UNIT(HRMU) 2 | AC | <input checked="" type="checkbox"/> |

Equipment:

Location Inventory

| | | | |
|-----------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: _____ | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | Electric Motors: _____ |
| Gas or Diesel Motors: _____ | Cavity Pumps: _____ | LACT Unit: _____ | Pump Jacks: _____ |
| Electric Generators: _____ | Gas Pipeline: _____ | Oil Pipeline: _____ | Water Pipeline: _____ |
| 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 |
|--------|------------------------------|---------------------------------------|-------------------|------|
| Access | SATISFACTORY | Gravel road along edge of farm ground | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|------------------------|-------------------|---------|
| WELLHEAD | SATISFACTORY | Lease sign by wellhead | | |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

Fencing/:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|--|-------------------|---------|
| WELLHEAD | SATISFACTORY | Metal panels around and wire panels around wellhead and cathodic rectifier | | |

Venting:

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

Flaring:

| | | | |
|----------|--|------------------------------|--|
| Type | | Satisfactory/Action Required | |
| Comment: | | | |

Inspector Name: Welsh, Brian

Corrective Action:

Correct Action
Date:

Predrill

Location ID: 208143

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

S/AR: SATISFACTORY

Comment: No COAs

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: 208143 Type: WELL API Number: 017-07078 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: MRRW

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 11/21/2011

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 470 Csg psi: 0 BH psi: _____

Insp. Status: Pass

Comment: INITIAL CSG HAD LIGHT BLOW, DIED IMMEDIATELY. MIRU EXTREME HEAT. LOADED W/15BBL. PRESSURED
 CSG TO 860 PSIG. 5 MIN 850#. 10 MIN 840#. 15 MIN 840#. -20 PSI LOSS

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: _____

Comment: _____

1003a. Waste and Debris removed? Pass

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

Inspector Name: Welsh, Brian

Pit, cellars, rat holes and other bores closed? Pass

CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass

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: _____

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 | | | |

Inspector Name: Welsh, Brian

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

S/A/V: SATISFACTORY Corrective Date:

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT