

**FORM  
INSP**Rev  
X/15**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:

11/01/2016

Submitted Date:

11/01/2016

Document Number:

673403815**FIELD INSPECTION FORM**

Loc ID 313268 Inspector Name: Waldron, Emily On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_

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

- ☐ THIS IS A FOLLOW UP INSPECTION  
☐ FOLLOW UP INSPECTION REQUIRED  
☒ NO FOLLOW UP INSPECTION REQUIRED

**Findings:**3 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Rowell, Cheryl	713-542-0648	Cheryl_Rowell@swn.com	<a href="#">Senior Regulatory Analyst</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
283864	WELL	TA	08/01/2014	STRT	081-07282	NORTH FORK 43-12	SI

**General Comment:**

**Location**Overall Good: ☒

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 1-877-879-0376

Corrective Action:

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

Overall Good: ☒

<b>Spills:</b>					
Type	Area	Volume			

In Containment: No

Comment:

☐ Multiple Spills and Releases?

<b>Equipment:</b>			corrective date
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	#		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities									
Facility ID:	283864	Type:	WELL	API Number:	081-07282	Status:	TA	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned      Reminder: _____									
Comment: _____									
Corrective Action: _____      Date: _____									

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

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

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT