

Location

Overall Good:

Signs/Marker:

| | | | |
|--------------------|------------------|-------|--|
| Type | DRILLING/RECOMP | | |
| Comment: | Sign in at shack | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

| | | | |
|--------------------|--|-------|--|
| Comment: | | Date: | |
| Corrective Action: | | | |

Overall Good:

Spills:

| Type | Area | Volume | | |
|------|------|--------|--|--|
| | | | | |

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

| | | | |
|--------------------|--|-------|--|
| Type | LOCATION | | |
| Comment: | Sound walls on N, E, W side of location. | | |
| Corrective Action: | | Date: | |

Venting:

| | | | |
|--------------------|--|-------|--|
| Yes/No | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Flaring:

| | | | |
|--------------------|--|-------|--|
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Inspected Facilities

Facility ID: 449155 Type: WELL API Number: 001-09984 Status: XX Insp. Status: XX

Complaint

| | | |
|--------------------|--|-------|
| Comment: | | |
| Corrective Action: | | Date: |

Facility ID: 449163 Type: WELL API Number: 001-09992 Status: XX Insp. Status: AO

Complaint

| | | |
|--------------------|---|-------|
| Comment: | <p>Complaint #: 20442582</p> <p>Field Inspector Assigned: C Pesicka</p> <p>Well Number: 05- Location #: 449174</p> <p>Inspection Document #: 684903766</p> <p>Nature of complaint: Sound</p> <p>If Sound GPS Coordinates of Survey Location: 39.98336/-104.91771</p> <p>Inspection Observations:</p> <p>An inspection of the above location was conducted with focus on noise. It was observed that: Location on 5/22/17 is hydraulically fracturing formation. Winds were <5mph by anenometer, ambient temperature was 65° F, sound survey was run 350' from west of location from 12:30pm to 1:30pm. Photo of sound survey location attached. The sound survey resulted in an LeqA of 56 dB, which is in compliance with rule 802.</p> | |
| Corrective Action: | | Date: |

Well Stimulation

Stimulation Company: Halliburton Stimulation Type: HYDRAULIC FRAC

Other: _____

Observation:

Maximum Casing Recorded: _____ PSI Tubing: _____

Surface: _____ Intermediate: _____

Production: _____ Instantaneous Shut-In Pressure (ISIP) 3748

Bradenhead Psi: _____ Frac Flow Back: Fluid: _____ Gas: _____

Comment: Just finished frac job, moving to next well

Corrective Action: _____ Date: _____

Facility ID: 449165 Type: WELL API Number: 001-09994 Status: DG Insp. Status: AO

Well Stimulation

Stimulation Company: Halliburton

Stimulation Type: HYDRAULIC FRAC

Observation:

Other: _____

Maximum Casing Recorded: _____ PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____

Frac Flow Back: _____

Fluid: _____

Gas: _____

Comment: Transferring to this well to begin next job

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 |
|------------------|-----------------|-------------------------|-----------------------|------------------|--------------------------|----------------|
| Mulching | Pass | | | | | |
| Other | Pass | | | | | Vac truck |
| Seeding | Pass | | | | | |
| Gravel | Pass | Gravel | Pass | Vehicle Tracking | Pass | Onto dirt road |

Comment:

Corrective Action:

Date: _____

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 |
|--------------|----------------------|---|
| 401289744 | INSPECTION SUBMITTED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4152973 |
| 684903767 | Site photos | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4152971 |
| 684903768 | Sound Study | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4152972 |