

**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:

04/23/2018

Submitted Date:

04/23/2018

Document Number:

679904311**FIELD INSPECTION FORM**Loc ID 416888 Inspector Name: Welsh, Brian On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10489Name of Operator: AUGUSTUS ENERGY RESOURCES LLCAddress: 2016 GRAND AVENUE #ACity: BILLINGS State: MT Zip: 59102**Status Summary:**

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

Findings:14 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Jones, Greg	(970) 332-3585	gjones@augustusenergy.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
416896	WELL	IJ	04/09/2014	DSPW	125-11846	REPUBLICAN SWD	AC

General Comment:[Routine UIC Inspection](#)

Location

Lease Road:			
Type	Access		
comment:	Two track through CRP		
Corrective Action		Date:	

Overall Good: ☒

Signs/Marker:			
Type	BATTERY		
Comment:	Lease sign by CR 28		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Stickers and stencils on water tanks		
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	Sticker on chemical drum		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	OTHER		
Comment:	Metal panels around buried tank		
Corrective Action:		Date:	
Type	LOCATION		
Comment:	Wire fence around location		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Ancillary equipment	# 5		
Comment:	Telemetry equipment, chemical drum w/containment, electric transfer pump, electric panel and filter pot in metal shed		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	500 BBLs	FIBERGLASS AST		39.976900,-102.354450

Comment:		1-500bbl (northeast water tank)					
Corrective Action:						Date:	
<u>Paint</u>							
Condition							
Other (Content)							
Other (Capacity)							
Other (Type)							
<u>Berms</u>							
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Comment:		Shared metal containment					
Corrective Action:						Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS		
USED OIL	1	<50 BBLS	BV FIBERGLASS		39.976830,-102.354660		
Comment:		5bbl fiberglass buried tank on south side of water tanks					
Corrective Action:						Date:	
<u>Paint</u>							
Condition							
Other (Content)							
Other (Capacity)							
Other (Type)							
<u>Berms</u>							
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Comment:							
Corrective Action:						Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS		
PRODUCED WATER	4	400 BBLS	FIBERGLASS AST		39.976900,-102.354450		
Comment:		4-400bbl water tanks					
Corrective Action:						Date:	
<u>Paint</u>							
Condition							
Other (Content)							
Other (Capacity)							
Other (Type)							
<u>Berms</u>							
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate			
Comment:		Lined metal tank containment					
Corrective Action:						Date:	

Inspected FacilitiesFacility ID: 416896 Type: WELL API Number: 125-11846 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -26" HG Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: JSND

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 06/25/2015

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

Comment: CASING HAD A LIGHT PUFF, DIED IMMEDIATELY. TBG IJ @ -26" HG

Corrective Action: _____ Date: _____

Method of Injection: GRAVITY FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

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
Gravel	Pass	Compaction	Pass	Material Handling And Spill Prevention	Pass	

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT