

**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:

06/28/2016

Document Number:

673713417

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 414278      | 414280 | Sherman, Susan  | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 10399Name of Operator: NIGHTHAWK PRODUCTION LLCAddress: 1805 SHEA CENTER DR #290City: HIGHLANDS State: CO Zip: 80129

- ☐ 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 |
|-----------------|----------------|---------------------------------------|---------|
| Mayland, Harold | (303) 407-9604 | haroldmayland@nighthawken<br>ergy.com |         |
| Quint, Craig    |                | craig.quint@state.co.us               |         |
| Rezendes, Joe   |                | JoeRezendes@nighthawkene<br>rgy.com   |         |
| Henkin, Joyce   | (303) 407-9609 | joycehenkin@nighthawken<br>y.com      |         |

**Compliance Summary:**

| QtrQtr:    | SENW      | Sec:       | 4           | Twp:                          | 14S      | Range:         | 55W             |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 12/09/2015 | 673503000 | IJ         | IJ          | ACTION REQUIRED               | F        |                | No              |
| 06/03/2015 | 673710570 | IJ         | AC          | SATISFACTORY                  |          |                | No              |
| 12/19/2014 | 673708812 | IJ         | IJ          | SATISFACTORY                  |          |                | No              |
| 11/20/2014 | 673708097 | IJ         | AC          | ACTION REQUIRED               | I        |                | No              |
| 06/06/2014 | 673703801 | IJ         | AC          | SATISFACTORY                  |          |                | No              |
| 03/07/2013 | 668600478 | IJ         | SI          | SATISFACTORY                  |          |                | No              |
| 07/17/2012 | 663901363 | IJ         | AC          | ACTION REQUIRED               | F        |                | No              |
| 01/26/2012 | 664000311 | IJ         | SI          | ACTION REQUIRED               | F        |                | No              |
| 06/28/2011 | 200314365 | ES         | AC          | ACTION REQUIRED               |          |                | Yes             |
| 06/28/2011 | 200314349 | RT         | AC          | ACTION REQUIRED               |          |                | Yes             |
| 05/10/2011 | 200310630 | ES         | AO          | ACTION REQUIRED               |          |                | Yes             |
| 03/31/2011 | 200306371 | ES         | AC          | ACTION REQUIRED               |          |                | Yes             |
| 01/05/2011 | 200291121 | RT         | AC          | ACTION REQUIRED               |          |                | Yes             |
| 10/04/2010 | 200275511 | MI         | SI          | SATISFACTORY                  |          |                | No              |
| 08/16/2010 | 200268319 | PM         | WO          | ACTION REQUIRED               |          |                | Yes             |
| 07/07/2010 | 200264704 | SR         | WO          | ACTION REQUIRED               |          |                | Yes             |

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|            |           |    |    |                 |  |  |     |
|------------|-----------|----|----|-----------------|--|--|-----|
| 04/14/2010 | 200244020 | PR | WO | ACTION REQUIRED |  |  | No  |
| 02/22/2010 | 200232127 | ID | WO | ACTION REQUIRED |  |  | Yes |
| 12/11/2009 | 200224051 | DG | DG | SATISFACTORY    |  |  | No  |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type         | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|--------------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 159331      | UIC DISPOSAL | AC     | 03/11/2010  |            | -         | CRAIG 6-4 SWD | AC          | <input type="checkbox"/>            |
| 414278      | WELL         | IJ     | 12/11/2013  | DSPW       | 073-06391 | CRAIG 6-4 SWD | AC          | <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>3</u>   | Separators: <u>1</u> | Electric Motors: <u>1</u> |
| Gas or Diesel Mortors: _____  | Cavity Pumps: _____     | LACT Unit: _____     | Pump Jacks: _____         |
| Electric Generators: <u>1</u> | Gas Pipeline: _____     | Oil Pipeline: _____  | Water Pipeline: <u>1</u>  |
| 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 |
|------|------------------------------|---------|-------------------|------|
|      |                              |         |                   |      |

**Signs/Marker:**

| Type                 | Satisfactory/Action Required | Comment  | Corrective Action | CA Date |
|----------------------|------------------------------|--|-------------------|---------|
| WELLHEAD             | SATISFACTORY                 | sign blown off by wind, will be put back on building |                   |         |
| BATTERY              | SATISFACTORY                 |  |                   |         |
| TANK LABELS/PLACARDS | SATISFACTORY                 |  |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY

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

Comment: 303-638-6096

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

**Good Housekeeping:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
|      |                              |         |                   |         |

**Spills:**

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

☐ Multiple Spills and Releases?

|                  |                              |         |                   |         |
|------------------|------------------------------|---------|-------------------|---------|
| <b>Fencing/:</b> |                              |         |                   |         |
| Type             | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                  |                              |         |                   |         |

|                           |   |                               |              |       |
|---------------------------|---|-------------------------------|--------------|-------|
| <b>Equipment:</b>         |   |                               |              |       |
| Type: Ancillary equipment | # 3                                       | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                   | sheds for well and pump, centrifugal pump |                               |              |       |
| Corrective Action         |   |                               |              | Date: |
| Type: Deadman # & Marked  | # 4                                       | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                   |   |                               |              |       |
| Corrective Action         |   |                               |              | Date: |

|                                   |              |                |                    |                  |
|-----------------------------------|--------------|----------------|--------------------|------------------|
| <b>Facilities:</b>                |              |                |                    |                  |
| <input type="checkbox"/> New Tank |              | Tank ID: _____ |                    |                  |
| Contents                          | #            | Capacity       | Type               | SE GPS           |
| OTHER                             | 1            | <50 BBLs       | STEEL AST          | ,                |
| S/AR                              | SATISFACTORY |                | Comment: slop tank |                  |
| Corrective Action:                |              |                |                    | Corrective Date: |

Paint

|                  |          |
|------------------|----------|
| Condition        | Adequate |
| Other (Content)  |          |
| Other (Capacity) | 50 BBLs  |
| Other (Type)     |          |

Berms

|                   |                             |                     |                     |                 |
|-------------------|-----------------------------|---------------------|---------------------|-----------------|
| Type              | Capacity                    | Permeability (Wall) | Permeability (Base) | Maintenance     |
|                   |                             |                     |                     |                 |
| Corrective Action |                             |                     |                     | Corrective Date |
| Comment           | same berms as 400 BBL tanks |                     |                     |                 |

|                                   |              |                |                  |                  |
|-----------------------------------|--------------|----------------|------------------|------------------|
| <b>Facilities:</b>                |              |                |                  |                  |
| <input type="checkbox"/> New Tank |              | Tank ID: _____ |                  |                  |
| Contents                          | #            | Capacity       | Type             | SE GPS           |
| PRODUCED WATER                    | 1            | 400 BBLs       | HEATED STEEL AST | ,                |
| S/AR                              | SATISFACTORY |                | Comment:         |                  |
| Corrective Action:                |              |                |                  | Corrective Date: |

Paint

|                  |          |
|------------------|----------|
| Condition        | Adequate |
| Other (Content)  |          |
| Other (Capacity) |          |
| Other (Type)     |          |

Berms

|                   |          |                     |                     |                 |
|-------------------|----------|---------------------|---------------------|-----------------|
| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |
|                   |          |                     |                     |                 |
| Corrective Action |          |                     |                     | Corrective Date |

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Comment same berms as unheated ASTs

Facilities: ☐ New Tank Tank ID: \_\_\_\_\_

| Contents       | # | Capacity | Type      | SE GPS                |
|----------------|---|----------|-----------|-----------------------|
| PRODUCED WATER | 2 | 400 BBLS | STEEL AST | 38.858641,-103.563475 |

S/AR SATISFACTORY Comment: \_\_\_\_\_

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

Paint

Condition Adequate

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

| Type  | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|----------|---------------------|---------------------|-------------|
| Metal | Adequate | Walls Sufficient    | Base Sufficient     | Adequate    |

Corrective Action \_\_\_\_\_ Corrective Date \_\_\_\_\_

Comment \_\_\_\_\_

Venting:

Yes/No \_\_\_\_\_

Comment \_\_\_\_\_

Flaring:

Type \_\_\_\_\_ Satisfactory/Action Required \_\_\_\_\_

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

Corrective Action: \_\_\_\_\_ Correct Action Date: \_\_\_\_\_

**Predrill**

Location ID: 414278

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

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

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

S/AR: SATISFACTORY Comment: No problems seen.

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

**Wildlife BMPs:**

| BMP Type      | Comment   |
|---------------|---|
| PROPOSED BMPs | STORMWATER MANAGEMENT PRACTICES<br><br>Reference COGCC Final Rule Amendment (December 17, 2008)<br><br>1002. SITE PREPARATION; f. Stormwater Management A. thru F.<br><br>RUNNING FOXES PETROLEUM, INC. (RFP) will implement the<br><br>following procedures and practices to remove /reduce the possibility of |

discharged materials that may pollute water runoff from their field facilities, operations and well site locations. These procedures and practices, will minimize the potential of any discharge or spill that could potentially pollute surface water and any stormwater runoff.

A. Covering materials and activities:

RFP will cover with tarps all containers /items that have the potential for material leakage. These items, whenever possible, will be kept in a central location within the operational area.

B. Material handling and spill prevention:

RFP will use secondary containment methods; tarps, splash pans, or appropriate prevention items when transferring, pouring, or handling items that have the potential for spills. If items are on location for a period of time they will be on pallets off the ground.

C. Erosion controls:

RFP maintains and constructs well pads to minimize surface grade elevations. As season and weather changes; improvements to these well pads are adjusted accordingly. Roads, culverts, stream crossings and cut /fill slopes are prepared for runoff to be controlled and directed to desired locations.

These controls will be constructed with the cooperation of the landowner to facilitate their use of the land. Interim Reclamation on well pads is accomplished as soon as possible to minimize the effects of erosion. Topsoil will be returned and reseeding will be completed.

D. Self- inspection, maintenance, and good housekeeping:

RFP has a pumper on location almost everyday to identify these factors. Site improvement and inspection is a constant factor and monitored with the anticipation of the season and the weather. As potential contaminants are no longer needed at a set location they are removed and disposed of or stored in a more central secured monitored area. All vehicle washing is done off site.

E. Spill response procedures:

RFP has a first response the standard dirt and shovel work; if the procedures described in B above don't initially contain the spill.

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This soil is removed from any surface water condition.

F. Vehicle tracking control procedures:

RFP attempts to design and maintain all roads to minimize any rutting. All operational and access roads are on non -paved roads with low potential of sediment contributing to stormwater contamination.

**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: 414278 Type: WELL API Number: 073-06391 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_

**UIC Routine**Inj./Tube: Pressure or inches of Hg -15 in Hg  
(e.g. 30 psig or -30" Hg)Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
Inj Zone: ABCKTC: Pressure or inches of Hg 0Previous Test Pressure \_\_\_\_\_ Last MIT: 03/07/2013Brhd: Pressure or inches of Hg 0

Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

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

Method of Injection: GRAVITY FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

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

**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: RANGELANDComment: See inspection 673503000 for action required on revegetation between the two wells. See attached photo of revegetation.1003a. Waste and Debris removed? Pass

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? Pass

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

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: 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 ☐**Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |



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|  |      |            |      |  |  |  |
|--|------|------------|------|--|--|--|
| Compaction   | Pass | Compaction | Pass |  |  |  |
| S/A/V: SATISFACTOR                      Corrective Date: _____     |      |            |      |  |  |  |
| Y _____  |      |            |      |  |  |  |
| Comment: _____   |      |            |      |  |  |  |
| CA: _____  |      |            |      |  |  |  |
| <b>Pits:</b> <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   |
|--------------|------------------------------------|---|
| 673713417    | INSPECTION APPROVED                | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3892418">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3892418</a> |
| 673713429    | Nighthawk Craig 6-4 SWD Annual UIC | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3892411">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3892411</a> |