

COMPLETE (EXISTING) WELL / FACILITY INSPECTION FORM

API NUMBER 47- 39-5825 FACILITY / PAD NAME _____

COORDINATE (DEG.DECIMAL): Longitude 81.37127 Latitude 38.33547

ASSIGNED API NUMBER 47- _____ WELL OPERATOR Reed Gas

FARM NAME ARK hand WELL NUMBER Ah-164 COUNTY Kan

A. The ACCESS ROAD meets all requirements? (22-6-30, 22-6A-14, 35CSR4-16, 35CSR8-12)

(CHECK ANSWERS)

- | | YES | NO | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. CULVERTS PROPERLY SIZED AND SPACED | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. DISSIPATING DEVICES (ROCK CHECKS, SUMPS, SEDIMENT BASINS, ETC.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. PROPERLY MAINTAINED (ACCESS INTEGRITY INCLUDING VEGETATION ON SLOPES, ETC) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. DIVERSION DITCHES IN PLACE | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. The WELL and LOCATION are properly equipped and reclaimed? (22-6-30, 22-6-6, 22-6A-14, 35CSR4-16, 35CSR8-12)

- | | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. API NUMBER | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. DIVERSION DITCHES INSTALLED AND MAINTAINED | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. PROPERLY MAINTAINED (GENERAL SITE, WELL, AND EQUIPMENT INTEGRITY, ETC) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. ALL DISTURBED AREAS RECLAIMED (VEGETATION COVERAGE, ETC) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. IS SITE, WELL, AND STRUCTURES FREE OF OIL, GAS AND SALT WATER LEAKS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. IS WELL PRODUCING | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. FREE OF CORROSION OR PITTING ON WELL CASINGS, WELLHEAD, OR VALVINGS | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. PRODUCTION REPORTS BEEN FILED | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. ANNUAL INSPECTIONS BY OPERATOR AVAILABLE (35CSR4-11.6) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. Does the SPILL PREVENTION meet all requirements?(22-6-7, 35CSR1-1 TO 9, 35CSR4-11 TO 17, 35CSR8-18)

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. ARE TANKS PROPERLY EQUIPPED WITH THE FOLLOWING? | | | |
| A. SECONDARY CONTAINMENT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. TANK / LINE LEAKAGE PREVENTION | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. VALVES INSTALLED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. EQUALIZING LINES ON MULTIPLE-TANK SYSTEM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. MANHOLES AND OPERATING VALVES LOCKED, SEALED, AND SECURE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. SECONDARY CONTAINMENT STRUCTURES INSTALLED AND AND MAINTAINED: | | | |
| A. IMPERVIOUS CONTAINMENT AREA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. ARE CONTAINMENT WALLS INTACT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. SURFACE WATER PROPERLY DRAINED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. ANY VISIBLE OIL SHEEN IN CONTAINMENT AREA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. VALVES INSTALLED ON DIKE DRAINS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. DIKE DRAIN VALVES CLOSED AND SECURED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. PRODUCTION FACILITY PROGRAM MAINTENANCE: | | | |
| A. SPCC PLAN (40CFR112) AVAILABLE* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *ARE DIKE-CONTAINMENT DIMENSIONS (CAPACITY) ACCORDING TO PLAN | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| *ARE SPCC OPERATOR INSPECTIONS OR RECORDS AVAILABLE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

No Tank

- B. FREE OF CORROSION ON SURFACES OF TANKS, FLOWLINES OR VALVES
- C. ESTIMATED CAPACITY LARGEST (AST) TANK / VESSEL _____ BARRELS
- D. APPROPRIATE WATER POLLUTION CONTROL PREVENTION
- E. SITE SECURITY / SAFETY (FENCE AND GATE INTACT, LADDERS SECURED, ETC)
- D. IS SALT WATER (WELL FLUIDS) BEING PROPERLY COLLECTED AND DISPOSED OF? (22-6-7)
- E. WAS THIS INSPECTION ROUTINE?
AND SPECIFY IF (COMPLAINT, RANDOM, ETC.) _____
- F. IS THIS WELL / FACILITY PART OF A UIC ACTIVITY OR SECONDARY RECOVERY FIELD?
- G. WERE ENFORCEMENT ACTIONS TAKEN** AS A RESULT OF THIS INSPECTION?
**SPECIFY (VIOLATION, ORDER, OR WARNING) _____

COMMENTS: No Tank

DATE 3-4-20

INSPECTOR *[Signature]*