

COMPLETE (EXISTING) WELL / FACILITY INSPECTION FORM

API NUMBER 47- 79-1452 FACILITY / PAD NAME 2D0791452 Plymouth

GPS COORDINATE (DEG.DECIMAL): Longitude _____ Latitude _____

ASSIGNED API NUMBER 47- _____ WELL OPERATOR Cabot Oil & GasFARM NAME _____ WELL NUMBER Cabot 100 COUNTY Putnam

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

(CIRCLE ANSWERS)

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

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

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|----|--|--------------------------------------|--------------------------|---------------------------|
| 1. | API NUMBER | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| 2. | DIVERSION DITCHES INSTALLED AND MAINTAINED | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| 3. | PROPERLY MAINTAINED (GENERAL SITE, WELL, AND EQUIPMENT INTEGRITY, ETC) | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| 4. | ALL DISTURBED AREAS RECLAIMED (VEGETATION COVERAGE, ETC) | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| 5. | IS SITE, WELL, AND STRUCTURES FREE OF OIL, GAS AND SALT WATER LEAKS | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| 6. | IS WELL PRODUCING | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| 7. | FREE OF CORROSION OR PITTING ON WELL CASINGS, WELLHEAD, OR VALVINGS | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| 8. | PRODUCTION REPORTS BEEN FILED | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| 9. | ANNUAL INSPECTIONS BY OPERATOR AVAILABLE (35CSR4-11.6) | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |

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

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|----|---|--------------------------------------|-------------------------------------|---------------------------|
| 1. | ARE TANKS PROPERLY EQUIPPED WITH THE FOLLOWING? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| | A. SECONDARY CONTAINMENT | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| | B. TANK / LINE LEAKAGE PREVENTION | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| | C. VALVES INSTALLED | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| | D. EQUALIZING LINES ON MULTIPLE-TANK SYSTEM | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| | E. MANHOLES AND OPERATING VALVES LOCKED, SEALED, AND SECURE | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| 2. | SECONDARY CONTAINMENT STRUCTURES INSTALLED AND AND MAINTAINED: | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| | A. IMPERVIOUS CONTAINMENT AREA | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| | B. ARE CONTAINMENT WALLS INTACT | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| | C. SURFACE WATER PROPERLY DRAINED | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| | D. ANY VISIBLE OIL SHEEN IN CONTAINMENT AREA | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO | <input type="radio"/> N/A |
| | E. VALVES INSTALLED ON DIKE DRAINS | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| | F. DIKE DRAIN VALVES CLOSED AND SECURED | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| 3. | PRODUCTION FACILITY PROGRAM MAINTENANCE: | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| | A. SPCC PLAN (40CFR112) AVAILABLE* | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| | *ARE DIKE-CONTAINMENT DIMENSIONS (CAPACITY) ACCORDING TO PLAN | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| | *ARE SPCC OPERATOR INSPECTIONS OR RECORDS AVAILABLE | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO | <input type="radio"/> N/A |
| | B. FREE OF CORROSION ON SURFACES OF TANKS, FLOWLINES OR VALVES | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| | C. ESTIMATED CAPACITY LARGEST (AST) TANK / VESSEL <u>250</u> BARRELS | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| | D. APPROPRIATE WATER POLLUTION CONTROL PREVENTION | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |
| | E. SITE SECURITY / SAFETY (FENCE AND GATE INTACT, LADDERS SECURED, ETC) | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A |

D. IS SALT WATER (WELL FLUIDS) BEING PROPERLY COLLECTED AND DISPOSED OF? (22-6-7) ☒ YES ☐ NO ☐ N/AE. WAS THIS INSPECTION ROUTINE? ☒ YES ☐ NO
AND SPECIFY IF (COMPLAINT, RANDOM, ETC.) RandomF. IS THIS WELL / FACILITY PART OF A UIC ACTIVITY OR SECONDARY RECOVERY FIELD? ☒ YES ☐ NOG. WERE ENFORCEMENT ACTIONS TAKEN** AS A RESULT OF THIS INSPECTION? ☐ YES ☒ NO

**SPECIFY (VIOLATION, ORDER, OR WARNING) _____

COMMENTS: Excellent Facility - NEED ANNUAL PSS gauge - up grade
ON loading/unloading bay
Office of Oil and GasDATE 6-4-15INSPECTOR [Signature]

JUN 15 2015

WV Department of
Environmental Protection

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SAINTS

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