

WV DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS
UIC INSPECTION REPORT

Operator Name	C. I. MCKOWN & SON, INC.		
API #	47-087-01106	UIC Permit #	2D08701106003
Operator Well #	Perot No.2	Field Name	NA
UTM NAD83 N	4288676.8	UTM NAD83 E	476407.6
2D Commercial	2D Non-Commercial <input checked="" type="checkbox"/>	2R	3S
Permit Expiration Date	4/21/2017	Last MIT Date (well)	05/16/2012
Permitted Injection Pressure (Psi)	688	Permitted Injection Rate (Bbl/Hr)	100
Inspected Injection Pressure (Psi)	NA	Inspected Injection Rate (Bbl/Hr)	NA
Inspected Annulus Pressure(s) (Psi) (Specify annulus):			
NA MIT TEST			

Weather Conditions			
Inspection Type:	Routine / Periodic	MIT Witness <input checked="" type="checkbox"/>	
	Emergency Response / Complaint	Other	
Well Status	Active <input checked="" type="checkbox"/>	Shut-In	Abandoned <input type="checkbox"/> Plugged <input type="checkbox"/>
Well Status Updated?			

Site/Location Checklist	Y	N	NA	Comment
Properly Maintained	<input checked="" type="checkbox"/>			
Culverts Properly Sized and Spaced	<input checked="" type="checkbox"/>			
Diversion Ditches in Place	<input checked="" type="checkbox"/>			
Disturbed Areas Reclaimed			<input checked="" type="checkbox"/>	
Evidence of Environmental Impacts		<input checked="" type="checkbox"/>		
Adequate Site Security/Safety	<input checked="" type="checkbox"/>			
Adequate Pollution Control	<input checked="" type="checkbox"/>			
SPCC Plan Available				AT OFFICE
UIC Permit Available				//
Manifests Available				//
WR-40's available for review				//
Haulers Approved (2D Commercial)			<input checked="" type="checkbox"/>	
WR-40 Reporting current	<input checked="" type="checkbox"/>			
Complying with the groundwater protection plan				
Any Changes/alterations/additions since last inspection		<input checked="" type="checkbox"/>		
Adequate Secondary Containment	<input checked="" type="checkbox"/>			
Spill Kit		<input checked="" type="checkbox"/>		
Safety Equipment		<input checked="" type="checkbox"/>		
Permit Conditions Being Met	<input checked="" type="checkbox"/>			
Stream sampling current (9 mo. Cycles, permits issued since 2016)				
Injectate Sampling (if applicable)				
Corrective Action (if applicable)				
DAQ Determination (if applicable)				
Comments on site/location:				

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Well Checklist	Y	N	NA	Comment
API Number Tag	✓			
Corrosion or pitting on well casings, wellhead, or valves		✓		
Properly Maintained	✓			
Wells Fluids Being Collected	✓			
Gauges / Pressure Recorder installed properly	✓			
Barrel Counter				
Fluid Level Reported (if applicable)			✓	
Injection pump leaking		✓		
Injection Line leaking		✓		
Comments on Well:				

Tank Checklist	Y	N	NA	Comment
Properly Maintained (rust, holes, pitting)				
Number of Tanks	✓			3
Capacity Largest AST				
Registration Numbers Labeled				
Adequate Secondary Containment				
Tank Leaking				
Adequate Locking Valves				
Equalizing lines				
Manholes/operating valves Secured				
Dike Drain Valves Closed				
Anchored/Armored (if located within floodplain)				
Lines with Manifold Layout				
Comments on Tank(s):				

Were Photographs or Video taken?	Yes ✓	No
Attachments? Site/Facility sketch/ Drawing?	Yes ✓	No
Were Enforcement Actions taken as a result of this inspection?	Yes	No
If Yes, Specify		
NOV # (if written)		

Inspector Name	Joe Taylor	Inspection Date	5/16/2017
Inspector Signature			
Others Present During Inspection/ Contact Info/ Have Representative Initial			
A.Lockwood - OOG-UIC			