

FORM INSP Rev 05/11	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		DE ET OE ES	
FIELD INSPECTION FORM			Inspection Date: <u>11/03/2011</u> Document Number: <u>663800030</u> Overall Inspection: <u>Satisfactory</u>	
Location Identifier	API Number <u>045-06679</u>	Facility ID <u>210921</u>	Loc ID <u>334627</u>	Tracking Type
Facility Name: <u>GV 81-5</u>		Inspector Name: <u>LONGWORTH, MIKE</u>		

Operator Information:

OGCC Operator Number: 96850 Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLC
 Address: 1001 17TH STREET - SUITE #1200
 City: DENVER State: CO Zip: 80202

Contact Information:

Contact Name	Phone	Email	Comment
Gardner, Michael	970/285-9377 ext. 2760	Michael.Gardner@williams.com	Principal Environmental Specialist
Moss, Brad	(970) 285-9377	Brad.Moss@Williams.com	Production foreman

Compliance Summary:

QtrQtr: NWNW Sec: 5 Twp: 7S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/12/1996	500142402	PR	PR			P	N
01/20/1999	500142399	PR	PR			P	N
07/02/1996	500142401	PR	PR			P	N
02/16/1995	500142398	PR	PR			P	N
02/02/1999	500142400	PR	PR				
09/20/2005	200081675	PR	PR	S		P	N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num
210921	WELL	PR	12/13/2007	GW	045-06679
274730	WELL	PR	02/19/2005	GW	045-13382
274939	WELL	PR	02/25/2005	GW	045-13443
287291	WELL	PR	10/05/2006	LO	045-12951
287292	WELL	PR	10/05/2006	LO	045-12950
287293	WELL	PR	10/05/2006	LO	045-12949
287294	WELL	PR	10/05/2006	LO	045-12948
287804	WELL	PR	07/23/2007	LO	045-13041

Equipment: Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Lease Road:

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
ADEQ	Satisfactory			

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
WELLHEAD	Unsatisfactory	Contact number should be operator not 911	List Williams contact number at well	12/31/2011
TANK LABELS/PLACARDS	Satisfactory			
CONTAINERS	Satisfactory	good DOT label		

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 12/31/2011

Comment: Sign at wells and separators have 911 for contact #

Corrective Action: List Williams contact number at wells and separators

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	Satisfactory			
WEEDS	Satisfactory			
TRASH	Satisfactory			

Spills:

Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
SEPARATOR	Satisfactory			
TANK BATTERY	Satisfactory			
WELLHEAD	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift		Satisfactory			
Bird Protectors		Satisfactory	8 bird protector at separators		
Horizontal Heated Separator		Satisfactory	3 quad separators		

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	,
S/U/V:	Comment:			
Corrective Action:				Corrective Date:

Paint

Condition

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Comment
Corrective Action				Corrective Date	

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	200 BBLS	STEEL AST	,
S/U/V: Satisfactory	Comment:			
Corrective Action:				Corrective Date:

Paint

Condition

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Comment
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 334627

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Wildlife BMPs:

Stormwater:

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:

Well

Facility ID: 210921 API Number: 045-06679 Status: PR Insp. Status: PR

Facility ID: 274730 API Number: 045-13382 Status: PR Insp. Status: PR

Facility ID: 274939 API Number: 045-13443 Status: PR Insp. Status: PR

Facility ID: 287291 API Number: 045-12951 Status: PR Insp. Status: PR

Facility ID: 287292 API Number: 045-12950 Status: PR Insp. Status: PR

Facility ID: 287293 API Number: 045-12949 Status: PR Insp. Status: PR

Facility ID: <u>287294</u>	API Number: <u>045-12948</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>287804</u>	API Number: <u>045-13041</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>

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 File: _____

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: _____

Comment: _____

1003a. Debris removed? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____ CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ 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: _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

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 _____

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment