

**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



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Inspection Date:

02/03/2012

Document Number:

663800123

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>279727</u>	<u>335064</u>		<u>LONGWORTH, MIKE</u>

Operator Information:OGCC Operator Number: 96850 Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLCAddress: 1001 17TH STREET - SUITE #1200City: DENVERState: COZip: 80202**Contact Information:**

Contact Name	Phone	Email	Comment
Moss, Brad	(970) 285-9377	Brad.Moss@Williams.com	Production foreman

Compliance Summary:QtrQtr: SWSE Sec: 15 Twp: 6S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/12/2008	200128175	PR	PR	S			N

Inspector Comment:

RWF 534-19 045-11176 has not been drilled, COGCC Data base showing it as Producing Well.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
279727	WELL	PR	06/08/2006	LO	045-11080	CLOUGH RWF 33-15	<input checked="" type="checkbox"/>
280089	WELL	PR	09/23/2008	LO	045-11176	CLOUGH RWF 534-15	<input checked="" type="checkbox"/>
280090	WELL	PR	04/24/2007	LO	045-11177	CLOUGH RMV 140-15	<input checked="" type="checkbox"/>
280091	WELL	PR	06/08/2006	LO	045-11178	CLOUGH RWF 343-15	<input checked="" type="checkbox"/>
280093	WELL	PR	06/08/2006	LO	045-11179	CLOUGH RWF 443-15	<input checked="" type="checkbox"/>
280094	WELL	PR	06/08/2006	LO	045-11180	CLOUGH RWF 43-15	<input checked="" type="checkbox"/>
280095	WELL	AL	04/24/2007	LO	045-11181	CLOUGH RWF 544-15	<input type="checkbox"/>
280097	WELL	AL	04/24/2007	LO	045-11182	CLOUGH RWV 156-15	<input type="checkbox"/>
280098	WELL	PR	06/08/2006	LO	045-11183	CLOUGH RWF 444-15	<input checked="" type="checkbox"/>
280099	WELL	PR	06/08/2006	LO	045-11184	CLOUGH RFW 344-15	<input checked="" type="checkbox"/>
280100	WELL	PR	08/31/2007	OW	045-11185	CLOUGH RWF 543-15	<input checked="" type="checkbox"/>
280101	WELL	PR	06/08/2006	LO	045-11186	CLOUGH RWF 434-15	<input checked="" type="checkbox"/>
280102	WELL	PR	09/09/2007	OW	045-11187	CLOUGH RWF 334-15	<input checked="" type="checkbox"/>
280103	WELL	PR	06/08/2006	LO	045-11188	CLOUGH RWF 333-15	<input checked="" type="checkbox"/>
280104	WELL	PR	06/08/2006	LO	045-11189	CLOUGH RWF 433-15	<input checked="" type="checkbox"/>
280106	WELL	PR	06/08/2006	LO	045-11190	CLOUGH RWF 533-15	<input checked="" type="checkbox"/>
335064	LOCATION	AC	04/14/2009		-	CLOUGH-66S94W 15SWSE	<input type="checkbox"/>

Equipment:Location Inventory

Inspector Name: LONGWORTH, MIKE

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				
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Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			

Emergency Contact Number: (S/U/V) _____	Satisfactory	Corrective Date: _____
Comment: _____		
Corrective Action: _____		

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	8	Satisfactory			
Plunger Lift	3	Satisfactory			
Horizontal Heated Separator	8	Satisfactory	4 quad separators		
Plunger Lift	10	Satisfactory			
Bird Protectors	8	Satisfactory			

Tanks/Berms:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 BBLS	STEEL AST	,

S/U/V:	Satisfactory	Comment:	
Corrective Action:		Corrective Date:	

Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
Comment			

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	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
Comment			

Inspector Name: LONGWORTH, MIKE

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	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
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Comment	
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Venting:	
Yes/No	Comment
YES	braden all venting

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 335064

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: 279727 API Number: 045-11080 Status: PR Insp. Status: PR

Facility ID: 280089 API Number: 045-11176 Status: PR Insp. Status: PR

Facility ID: 280090 API Number: 045-11177 Status: PR Insp. Status: PR

Facility ID: 280091 API Number: 045-11178 Status: PR Insp. Status: PR

Facility ID: 280093 API Number: 045-11179 Status: PR Insp. Status: PR

Facility ID: 280094 API Number: 045-11180 Status: PR Insp. Status: PR

Facility ID: 280098 API Number: 045-11183 Status: PR Insp. Status: PR

Facility ID: 280099 API Number: 045-11184 Status: PR Insp. Status: PR

Facility ID: 280100 API Number: 045-11185 Status: PR Insp. Status: PR

Inspector Name: LONGWORTH, MIKE

Facility ID:	280101	API Number:	045-11186	Status:	PR	Insp. Status:	PR
Facility ID:	280102	API Number:	045-11187	Status:	PR	Insp. Status:	PR
Facility ID:	280103	API Number:	045-11188	Status:	PR	Insp. Status:	PR
Facility ID:	280104	API Number:	045-11189	Status:	PR	Insp. Status:	PR
Facility ID:	280106	API Number:	045-11190	Status:	PR	Insp. Status:	PR

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:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

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 _____

Inspector Name: LONGWORTH, MIKE

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: _____

Overall Interim Reclamation

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 _____

Overall Final Reclamation

Storm Water:

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

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____