

**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 |
|----|----|----|----|

Inspection Date:

02/08/2012

Document Number:

663800131

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |               |                        |
|---------------------|---------------|---------------|---------------|------------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name:        |
|                     | <u>210896</u> | <u>335059</u> |               | <u>LONGWORTH, MIKE</u> |

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

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

**Compliance Summary:**QtrQtr: NWNE Sec: 35 Twp: 6S Range: 95W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 12/23/2007 | 200124196 | PR         | PR          | S                            | I        |                | N               |
| 08/20/2007 | 200118438 | PR         | PR          | S                            | I        |                | N               |
| 02/14/2000 | 200005409 | PR         | PR          | U                            |          | F              | N               |
| 02/09/1999 | 500142375 | PR         | PR          |                              |          |                |                 |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type     | Status | Status Date | Well Class | API Num   | Facility Name         |   |
|-------------|----------|--------|-------------|------------|-----------|-----------------------|---|
| 23          | WELL     | PR     | 06/30/2006  | GW         | 045-11671 | PUCKETT PA 331-35     | X |
| 24          | WELL     | PR     | 12/16/2005  | GW         | 045-11672 | PUCKETT PA 431-35     | X |
| 36          | WELL     | PR     | 12/16/2005  | GW         | 045-11675 | PUCKETT PA 332-35     | X |
| 37          | WELL     | PR     | 12/16/2005  | GW         | 045-11676 | PUCKETT PA 432-35     | X |
| 39          | WELL     | PR     | 12/16/2005  | GW         | 045-11677 | PUCKETT PA 532-35     | X |
| 210896      | WELL     | PR     | 12/01/2010  | GW         | 045-06654 | ARCO GV 56-35         | X |
| 282143      | WELL     | PR     | 12/19/2005  | GW         | 045-11688 | PUCKETT PA 32-35      | X |
| 335059      | LOCATION | AC     | 04/14/2009  |            | -         | PUCKETT-66S95W 35NWNE |   |

**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 |
|--------|-----------------------------|---------|-------------------|------|
| Access | Satisfactory                |         |                   |      |

**Signs/Marker:**

| Type                 | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------------------|-----------------------------|---------|-------------------|---------|
| CONTAINERS           | Satisfactory                |         |                   |         |
| BATTERY              |                             |         |                   |         |
| TANK LABELS/PLACARDS |                             |         |                   |         |
| WELLHEAD             |                             |         |                   |         |

Emergency Contact Number: (S/U/V) \_\_\_\_\_

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

**Spills:**

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ 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 |
|-----------------------------|---|-----------------------------|-------------------------------------|-------------------|---------|
| Deadman # & Marked          | 5 | Satisfactory                |                                     |                   |         |
| Bird Protectors             | 5 | Satisfactory                |                                     |                   |         |
| Horizontal Heated Separator | 7 | Satisfactory                | single, double, and quad separators |                   |         |
| Plunger Lift                | 7 | Satisfactory                |                                     |                   |         |

Inspector Name: LONGWORTH, MIKE

|   |                             |                     |                          |             |
|---|-----------------------------|---------------------|--------------------------|-------------|
| <b>Tanks/Berms:</b> <input type="checkbox"/> New Tank    Tank ID: _____ |                             |                     |                          |             |
| Contents  | #                           | Capacity            | Type                     | SE GPS      |
| CONDENSATE  | 1                           | 300 BBLS            | STEEL AST                | ,           |
| S/U/V:  | Satisfactory                |                     | Comment:                 |             |
| Corrective Action:  |                             |                     | Corrective Date:         |             |
| <u>Paint</u>  |                             |                     |                          |             |
| Condition   |                             |                     |                          |             |
| Other (Content) _____   |                             |                     |                          |             |
| Other (Capacity) _____  |                             |                     |                          |             |
| Other (Type) _____  |                             |                     |                          |             |
| <u>Berms</u>  |                             |                     |                          |             |
| Type  | Capacity                    | Permeability (Wall) | Permeability (Base)      | Maintenance |
|   |                             |                     |                          |             |
| Corrective Action   |                             |                     | Corrective Date          |             |
| Comment   |                             |                     |                          |             |
| <b>Tanks/Berms:</b> <input type="checkbox"/> New Tank    Tank ID: _____ |                             |                     |                          |             |
| Contents  | #                           | Capacity            | Type                     | SE GPS      |
| PRODUCED WATER  | 2                           | <100 BBLS           | STEEL AST                | ,           |
| S/U/V:  | Satisfactory                |                     | Comment: 2- 80 bbl tanks |             |
| Corrective Action:  |                             |                     | Corrective Date:         |             |
| <u>Paint</u>  |                             |                     |                          |             |
| Condition   | Adequate                    |                     |                          |             |
| Other (Content) _____   |                             |                     |                          |             |
| Other (Capacity) _____  |                             |                     |                          |             |
| Other (Type) _____  |                             |                     |                          |             |
| <u>Berms</u>  |                             |                     |                          |             |
| Type  | Capacity                    | Permeability (Wall) | Permeability (Base)      | Maintenance |
| Earth   | Adequate                    | Walls Sufficent     | Base Sufficent           | Adequate    |
| Corrective Action   |                             |                     | Corrective Date          |             |
| Comment   |                             |                     |                          |             |
| <b>Venting:</b>   |                             |                     |                          |             |
| Yes/No  |                             | Comment             |                          |             |
| YES   |                             | bradens open        |                          |             |
| <b>Flaring:</b>   |                             |                     |                          |             |
| Type  | Satisfactory/Unsatisfactory | Comment             | Corrective Action        | CA Date     |
|   |                             |                     |                          |             |

**Predrill**

Location ID: 335059

**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: 23 API Number: 045-11671 Status: PR Insp. Status: PR

Facility ID: 24 API Number: 045-11672 Status: PR Insp. Status: PR

Facility ID: 36 API Number: 045-11675 Status: PR Insp. Status: PR

Facility ID: 37 API Number: 045-11676 Status: PR Insp. Status: PR

Facility ID: 39 API Number: 045-11677 Status: PR Insp. Status: PR

Facility ID: 210896 API Number: 045-06654 Status: PR Insp. Status: PR

Facility ID: 282143 API Number: 045-11688 Status: PR Insp. Status: PR

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Inspector Name: LONGWORTH, MIKE

|   |  |                              |            |
|---|--|------------------------------|------------|
| Comment: <input style="width: 700px;" type="text"/>         |  |                              |            |
| Corrective Action: _____                                    |  | Date: _____                  |            |
| Reportable: _____   | GPS: Lat _____                                     | Long _____                   |            |
| Proximity to Surface Water: _____                           |  | Depth to Ground Water: _____ |            |
| <b>Water Well:</b>  |  |                              |            |
|   |  | Lat _____                    | Long _____ |
| DWR Receipt Num: _____                                      | Owner Name: _____                                  | GPS : _____                  |            |
| <b>Field Parameters:</b>                                    |  |                              |            |
| <input style="width: 300px;" type="text"/>                  |  |                              |            |
| Sample Location: <input style="width: 400px;" type="text"/> |  |                              |            |
| Emission Control Burner (ECB): _____                        |  |                              |            |
| Comment: _____  |  |                              |            |
| Pilot: _____  | Wildlife Protection Devices (fired vessels): _____ |                              |            |

**Reclamation - Storm Water - Pit**

|   |   |   |  |
|---|---|---|--|
| <b>Interim Reclamation:</b>                         |   |   |  |
| Date Interim Reclamation Started: _____             |   | Date Interim Reclamation Completed: _____ |  |
| Land Use: _____                                     |   |   |  |
| Comment: <input style="width: 750px;" type="text"/> |   |   |  |
| 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? _____ |
| <b>RESTORATION AND REVEGETATION</b>                 |   |   |  |
| <u>Cropland</u>                                     |   |   |  |
|   | Top soil replaced _____   | Recontoured _____                         | Perennial forage re-established _____      |

Inspector Name: LONGWORTH, MIKE

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: \_\_\_\_\_