

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:
03/05/2012

Document Number:
662300248

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>NEIDEL, KRIS</u>
	<u>291115</u>	<u>335892</u>		

Operator Information:

OGCC Operator Number: <u>96155</u>	Name of Operator: <u>WHITING OIL AND GAS CORPORATION</u>
Address: <u>1700 BROADWAY STE 2300</u>	
City: <u>DENVER</u>	State: <u>CO</u> Zip: <u>80290</u>

Contact Information:

Contact Name	Phone	Email	Comment
Hejl, Kent	(970) 263-2715	Kent.Hejl@Williams.com	completions super

Compliance Summary:

QtrQtr: <u>SENW</u>	Sec: <u>5</u>	Twp: <u>3S</u>	Range: <u>98W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/17/2010	200290401	PR	WO	S			Y
07/29/2010	200265053	SR	PR	U			Y
02/18/2010	200236662	PR	PR	U			Y

Inspector Comment:

reserve pit open, what is the plan with the pits?

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name
291113	WELL	XX	10/19/2010	LO	103-11039	Boies C-5F-E2
291114	WELL	PR	01/24/2011	OG	103-11038	BOIES C-5F-F3
291115	WELL	PR	01/24/2011	GW	103-11037	BOIES C-5F-E3
335892	LOCATION	XX	04/14/2009		-	BOIES-63S98W 5SENW

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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Inspector Name: NEIDEL, KRIS

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

Comment: _____

Corrective Action: _____

Spills:

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

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Dehydrator	3	Satisfactory			

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	400 BBLS		,	
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	
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Corrective Action				Corrective Date	
Comment					

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS	
CONDENSATE	1	400 BBLS		,	
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	
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Corrective Action				Corrective Date	
Comment					

Venting:	
Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill	
Location ID:	335892
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):	
<u>Surface Owner Contact Information:</u>	
Name:	Address:
Phone Number:	Cell Phone:
<u>Operator Rep. Contact Information:</u>	
Landman Name:	Phone Number:
Date Onsite Request Received:	Date of Rule 306 Consultation:
Request LGD Attendance:	
<u>LGD Contact Information:</u>	
Name:	Phone Number: Agreed to Attend:
<u>Summary of Landowner Issues:</u>	
<u>Summary of Operator Response to Landowner Issues:</u>	
<u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u>	

Well				
Facility ID:	291114	API Number:	103-11038	Status: PR Insp. Status: PR
Facility ID:	291115	API Number:	103-11037	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 _____

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 _____

Inspector Name: NEIDEL, KRIS

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: _____