

**FORM
INSP**

Rev
05/11

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
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Inspection Date:
04/26/2012

Document Number:
662300422

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>NEIDEL, KRIS</u>
	<u>281424</u>	<u>335694</u>		

Operator Information:

OGCC Operator Number: 28700 Name of Operator: EXXON MOBIL OIL CORPORATION
 Address: P O BOX 4358 WGR RM 310
 City: HOUSTON State: TX Zip: 77210-

Contact Information:

Compliance Summary:

QtrQtr: NESW Sec: 2 Twp: 2S Range: 97W

Inspector Comment:

Open excavation from drill/frac pit; soil dry, continue interim rec

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
159188	UIC DISPOSAL	PR	11/06/2008		-	PICEANCE CREEK UNIT T35X-2G3	<input checked="" type="checkbox"/>
281423	WELL	PR	07/08/2010	GW	103-10646	PICEANCE CREEK UNIT T35X-2G9	<input checked="" type="checkbox"/>
281424	WELL	PR	08/25/2009	GW	103-10647	PICEANCE CREEK UNIT T35X-2G8	<input checked="" type="checkbox"/>
281427	WELL	PR	07/08/2010	GW	103-10648	PICEANCE CREEK UNIT T35X-2G7	<input checked="" type="checkbox"/>
281428	WELL	PR	07/08/2010	OW	103-10649	PICEANCE CREEK UNIT T35X-2G6	<input checked="" type="checkbox"/>
281429	WELL	PR	06/22/2008	GW	103-10650	PICEANCE CREEK UNIT T35X-2G5	<input checked="" type="checkbox"/>
281430	WELL	PR	06/28/2008	GW	103-10651	PICEANCE CREEK UNIT T35X-2G4	<input checked="" type="checkbox"/>
281431	WELL	PR	06/17/2008	GW	103-10652	PICEANCE CREEK UNIT T35X-2G3	<input checked="" type="checkbox"/>
281432	WELL	PR	06/22/2008	GW	103-10653	PICEANCE CREEK UNIT T35X-2G2	<input checked="" type="checkbox"/>
281433	WELL	PR	06/22/2008	GW	103-10654	PICEANCE CREEK UNIT T35X-2G1	<input checked="" type="checkbox"/>
335694	LOCATION	AC	04/14/2009		-	PICEANCE CREEK UNIT-62S97W 2NESW	<input type="checkbox"/>

Equipment:

Location Inventory

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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	Unsatisfactory	there is sign at wellhead, not in compliance with with rule.	Install sign to comply with rule 210.b.	07/01/2012

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?				

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	300 BBLS	STEEL AST	,

S/U/V: Satisfactory Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition	<u>Adequate</u>
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	<u>Adequate</u>	<u>Walls Sufficent</u>	<u>Base Sufficent</u>	<u>Adequate</u>

Corrective Action _____ Corrective Date _____

Comment _____

Venting:

Yes/No	Comment
<u>NO</u>	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 335694

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____
 Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Comment: _____

CA: _____ **Date:** _____

Wildlife BMPs:

Comment: _____

CA: _____ **Date:** _____

Stormwater:

Erosion BMPs	Present	Other BMPs	Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____
 Other BMPs: _____

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:

Facility

Facility ID: 159188 Type: UIC API Number: - Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 281423 Type: WELL API Number: 103-10646 Status: PR Insp. Status: PR

Producing Well				
Comment: <input style="width: 90%;" type="text"/>				
Facility ID:	281424	Type:	WELL	API Number: 103-10647
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input style="width: 90%;" type="text"/>				
Facility ID:	281427	Type:	WELL	API Number: 103-10648
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input style="width: 90%;" type="text"/>				
Facility ID:	281428	Type:	WELL	API Number: 103-10649
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input style="width: 90%;" type="text"/>				
Facility ID:	281429	Type:	WELL	API Number: 103-10650
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input style="width: 90%;" type="text"/>				
Facility ID:	281430	Type:	WELL	API Number: 103-10651
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input style="width: 90%;" type="text"/>				
Facility ID:	281431	Type:	WELL	API Number: 103-10652
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input style="width: 90%;" type="text"/>				
Facility ID:	281432	Type:	WELL	API Number: 103-10653
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input style="width: 90%;" type="text"/>				
Facility ID:	281433	Type:	WELL	API Number: 103-10654
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input style="width: 90%;" type="text"/>				

Environmental				
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Spills/Releases:				
Type of Spill:	Description:		Estimated Spill Volume:	
Comment: <input style="width: 90%;" type="text"/>				
Corrective Action:			Date:	
Reportable:	GPS: Lat	Long		
Proximity to Surface Water:	Depth to Ground Water:			

Water Well:				
DWR Receipt Num:	Owner Name:	GPS :	Lat	Long
<input style="width: 20%;" type="text"/> <input style="width: 30%;" type="text"/> <input style="width: 10%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 25%;" type="text"/>				

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? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____

CA _____ CA Date _____

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

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass CM _____

CA _____ CA Date _____

1003b. Area no longer in use? Fail Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? Fail

1003d. Drilling pit closed? Fail 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? Fail Segregated soils have been replaced? Fail

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 Fail

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: _____