

**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
----	----	----	----

 Inspection Date:
04/26/2012

 Document Number:
662300428

 Overall Inspection:
Satisfactory
FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>293173</u>	<u>336018</u>		<u>NEIDEL, KRIS</u>

Operator Information:
 OGCC Operator Number: 28600 Name of Operator: EXXON MOBIL CORPORATION
 Address: P O BOX 4358
 City: HOUSTON State: TX Zip: 77210-
Contact Information:**Compliance Summary:**
 QtrQtr: SWSE Sec: 33 Twp: 1S Range: 97W
Inspector Comment:

All wells have telemetry and gauge on surface, intermediate and production casing. ongoing interm rec, pits closed.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
293172	WELL	PR	07/07/2010	LO	103-11097	FREEDOM UNIT 197-33A3	<input checked="" type="checkbox"/>
293173	WELL	PR	07/04/2010	LO	103-11101	FREEDOM UNIT 197-33A5	<input checked="" type="checkbox"/>
293174	WELL	PR	07/04/2010	GW	103-11100	FREEDOM UNIT 197-33A4	<input checked="" type="checkbox"/>
293176	WELL	PR	07/07/2010	GW	103-11099	FREEDOM UNIT 197-33A1	<input checked="" type="checkbox"/>
293178	WELL	PR	07/04/2010	LO	103-11098	FREEDOM UNIT 197-33A2	<input checked="" type="checkbox"/>
293829	PIT	AC	12/03/2007		-	FU 197-33 A!	<input type="checkbox"/>
299330	WELL	DG	04/09/2012	LO	103-11399	FREEDOM UNIT 197-33A7	<input checked="" type="checkbox"/>
299331	WELL	DG	04/09/2012	LO	103-11400	FREEDOM UNIT 197-33A9	<input checked="" type="checkbox"/>
299332	WELL	PR	07/23/2010	LO	103-11401	FREEDOM UNIT 197-33A8	<input checked="" type="checkbox"/>
336018	LOCATION	AC	04/14/2009		-	FREEDOM UNIT-61S97W 33SWSE	<input type="checkbox"/>
412690	WELL	PR	03/24/2011	GW	103-11535	FREEDOM UNIT 197-33A6	<input checked="" type="checkbox"/>

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	Unsatisfactory	see rule	Install sign to comply with rule 210.b.	06/26/2012

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

Comment: at location.

Corrective Action: _____

Spills:

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

☐ Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	STEEL AST	,

S/U/V: Satisfactory Comment: 750bbl

Corrective Action: _____ Corrective Date: _____

Paint

Condition	Adequate
-----------	----------

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

Corrective Action _____ Corrective Date _____

Comment _____

Venting:

Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 336018

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: 293172 Type: WELL API Number: 103-11097 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 293173 Type: WELL API Number: 103-11101 Status: PR Insp. Status: PR

Inspector Name: NEIDEL, KRIS

Producing Well

Comment:

Facility ID: 293174 Type: WELL API Number: 103-11100 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 293176 Type: WELL API Number: 103-11099 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 293178 Type: WELL API Number: 103-11098 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 299330 Type: WELL API Number: 103-11399 Status: DG Insp. Status: PR

Producing Well

Comment:

Facility ID: 299331 Type: WELL API Number: 103-11400 Status: DG Insp. Status: PR

Producing Well

Comment:

Facility ID: 299332 Type: WELL API Number: 103-11401 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 412690 Type: WELL API Number: 103-11535 Status: PR Insp. Status: PR

Producing Well

Comment:

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:

Inspector Name: NEIDEL, KRIS

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: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

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

Final Land Use: _____

Reminder: _____

Comment: _____

Inspector Name: NEIDEL, KRIS

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: _____

Permit:	Facility ID	Permit Num	Expiration Date
	293829	1433759	
	293829	1433759	