

**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:

08/20/2012

Document Number:

663300462

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>238910</u>	<u>317523</u>		<u>SCHURE, KYM</u>

Operator Information:

OGCC Operator Number: 96155 Name of Operator: WHITING OIL AND GAS CORPORATION

Address: 1700 BROADWAY STE 2300

City: DENVER State: CO Zip: 80290

Contact Information:

Contact Name	Phone	Email	Comment
Tobin, Polly	(303) 390-4267	pollyt@whiting.com	Engineering Tech - receives all correspondence

Compliance Summary:

QtrQtr: NWNW Sec: 7 Twp: 10N Range: 58W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/20/2011	200297807	PR	PR	S			N
06/20/2008	200192201	PR	PR	S			N
07/28/2003	200041996	PR	PR	S		P	N
05/07/2003	200038539	PR	SI	U		F	Y
02/04/1997	500160612	PR	PR			P	N

Inspector Comment:

Shared battery with Nelson Ranches A-1, A-2, #1,2,3,4.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
238910	WELL	PR	12/07/2005	OW	123-05787	NELSON RANCHES 1	<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 Motors: _____	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			

(S/U/V) Satisfactory

Inspector Name: SCHURE, KYM

Emergency Contact Number:	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
Plunger Lift	1	Satisfactory			
Deadman # & Marked	4	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
S/U/V:			Comment:	Shared battery with Nelson Ranches A-1,A-2, #1,2,3,4.	
Corrective Action:				Corrective Date:	

Paint	
Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					

Venting:		
Yes/No	Comment	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 317523

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: 238910 Type: WELL API Number: 123-05787 Status: PR Insp. Status: PR

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: SCHURE, KYM

Comment: <input style="width:700px" type="text"/>			
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:			
<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

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? _____ CM _____

CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? In

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? In

Production areas have been stabilized? In Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

<u>Non-Cropland</u>			
Top soil replaced	In	Recontoured	In
			80% Revegetation
			In
1003 f.	Weeds Noxious weeds?		
Comment:			
Overall Interim Reclamation	In Process		

Date Final Reclamation Started:	<input type="text"/>	Date Final Reclamation Completed:	<input type="text"/>
Final Land Use:	<input type="text"/>		
Reminder:	<input type="text"/>		
Comment:	<input type="text"/>		
Well plugged	<input type="text"/>	Pit mouse/rat holes, cellars backfilled	<input type="text"/>
Debris removed	<input type="text"/>	No disturbance /Location never built	<input type="text"/>
Access Roads	Regraded <input type="text"/>	Contoured <input type="text"/>	Culverts removed <input type="text"/>
	Gravel removed <input type="text"/>		
	Location and associated production facilities reclaimed <input type="text"/>		Locations, facilities, roads, recontoured <input type="text"/>
Compaction alleviation <input type="text"/>		Dust and erosion control <input type="text"/>	
Non cropland: Revegetated 80% <input type="text"/>		Cropland: perennial forage <input type="text"/>	
Weeds present <input type="text"/>		Subsidence <input type="text"/>	
Comment:	<input type="text"/>		
Corrective Action:	<input type="text"/>		Date <input type="text"/>
Overall Final Reclamation	Multi-Well Location <input type="checkbox"/>		

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: _____