

**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:  
07/30/2012

Document Number:  
669300006

Overall Inspection:  
Satisfactory

**FIELD INSPECTION FORM**

|                     |               |               |               |                                     |
|---------------------|---------------|---------------|---------------|-------------------------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name: <u>NEIDEL, KRIS</u> |
|                     | <u>271075</u> | <u>313189</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  |
|--------------|----------------|--------------------|--|
| Tobin, Polly | (303) 390-4267 | pollyt@whiting.com | Engineering Tech - receives all correspondence |

**Compliance Summary:**

|                     |                |                 |                    |
|---------------------|----------------|-----------------|--------------------|
| QtrQtr: <u>SWSW</u> | Sec: <u>26</u> | Twp: <u>12N</u> | Range: <u>101W</u> |
|---------------------|----------------|-----------------|--------------------|

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 02/10/2011 | 200296676 | PR         | PR          | S                            | I        |                | N               |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name   |
|-------------|------|--------|-------------|------------|-----------|---|
| 271075      | WELL | PR     | 10/14/2005  | GW         | 081-07169 | LION GOVERNMENT 14-26 <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              | no sign at wellhead.  | Install sign to comply with rule 210.b. | 12/29/2012 |
|               | BATTERY              | Satisfactory                |                       |   |            |
|               | TANK LABELS/PLACARDS | Unsatisfactory              | not labeled per rule. | Install sign to comply with rule 210.b. | 12/14/2012 |

|  |                        |
|--|------------------------|
| Emergency Contact Number: <u>(S/U/V)</u> <u>Satisfactory</u> | Corrective Date: _____ |
| Comment: _____   |                        |

Corrective Action:

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

| <b>Equipment:</b>         |   |                             |         |                   |         |
|---------------------------|---|-----------------------------|---------|-------------------|---------|
| Type                      | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Gas Meter Run             | 1 | Satisfactory                |         |                   |         |
| Horizontal Heater Treater | 1 | Satisfactory                | bermed  |                   |         |

| <b>Facilities:</b>                |              |                |           |        |                  |
|-----------------------------------|--------------|----------------|-----------|--------|------------------|
| <input type="checkbox"/> New Tank |              | Tank ID: _____ |           |        |                  |
| Contents                          | #            | Capacity       | Type      | SE GPS |                  |
| PRODUCED WATER                    | 1            | 400 BBLS       | STEEL AST |        |                  |
| S/U/V:                            | Satisfactory |                | Comment:  |        |                  |
| Corrective Action:                |              |                |           |        | Corrective Date: |

**Paint**

|           |          |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

**Berms**

| Type  | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|----------|---------------------|---------------------|-------------|
| Earth | Adequate | Walls Sufficient    | Base Sufficient     | Adequate    |

|                   |  |  |  |                 |
|-------------------|--|--|--|-----------------|
| Corrective Action |  |  |  | Corrective Date |
| Comment           |  |  |  |                 |

| <b>Facilities:</b>                |              |                |           |        |                  |
|-----------------------------------|--------------|----------------|-----------|--------|------------------|
| <input type="checkbox"/> New Tank |              | Tank ID: _____ |           |        |                  |
| Contents                          | #            | Capacity       | Type      | SE GPS |                  |
| CONDENSATE                        | 1            | 400 BBLS       | STEEL AST |        |                  |
| S/U/V:                            | Satisfactory |                | Comment:  |        |                  |
| Corrective Action:                |              |                |           |        | Corrective Date: |

**Paint**

|           |          |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

**Berms**

| Type  | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|----------|---------------------|---------------------|-------------|
| Earth | Adequate | Walls Sufficient    | Base Sufficient     | Adequate    |

|                   |  |  |  |                 |
|-------------------|--|--|--|-----------------|
| Corrective Action |  |  |  | Corrective Date |
| Comment           |  |  |  |                 |

|                 |         |
|-----------------|---------|
| <b>Venting:</b> |         |
| Yes/No          | Comment |
|                 |         |

|                 |                             |         |                   |         |
|-----------------|-----------------------------|---------|-------------------|---------|
| <b>Flaring:</b> |                             |         |                   |         |
| Type            | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|                 |                             |         |                   |         |

**Predrill**

Location ID: 313189

**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: 271075 Type: WELL API Number: 081-07169 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:**  
DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_  
Lat \_\_\_\_\_ Long \_\_\_\_\_

**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? Fail CM   
CA  CA Date   
1003b. Area no longer in use? In \_\_\_\_\_ Production areas stabilized ? \_\_\_\_\_

Inspector Name: NEIDEL, KRIS

1003c. Compacted areas have been cross ripped? \_\_\_\_\_  
1003d. Drilling pit closed? Pass 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 Pass 80% Revegetation In

1003 f. Weeds Noxious weeds? \_\_\_\_\_

Comment: looks like seeding did not take.

Overall Interim Reclamation In Process

**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 Multi-Well Location

**Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

S/U/V: Satisfactory Corrective Date: \_\_\_\_\_

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

CA: \_\_\_\_\_