

**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:

09/18/2013

Document Number:

663902211

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	335999	335999	LONGWORTH, MIKE	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:OGCC Operator Number: 53650 Name of Operator: MARATHON OIL COMPANYAddress: 5555 SAN FELIPE RDCity: HOUSTONState: TXZip: 77056**Contact Information:**

Contact Name	Phone	Email	Comment
Mazotti, Joseph J	405.728.5228	jjmazotti@marathonoil.com	Regulatory
KELLERBY, SHAUN		shaun.kellerby@state.co.us	

Compliance Summary:QtrQtr: NWSW Sec: 31 Twp: 5S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/31/2010	200272741	SR	AO	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
265885	WELL	AL	04/20/2007	LO	045-09074	CHEVRON 237-31	<input type="checkbox"/>
296432	WELL	TA	03/05/2009	GW	045-16022	596-31C 15	<input checked="" type="checkbox"/>
296433	WELL	TA	03/19/2009	GW	045-16023	596-31C 17	<input checked="" type="checkbox"/>
296434	WELL	TA	02/14/2009	GW	045-16024	596-31C 26	<input checked="" type="checkbox"/>
296435	WELL	TA	01/30/2009	GW	045-16025	596-31C 24	<input checked="" type="checkbox"/>
296436	WELL	PR	07/10/2010	GW	045-16026	596-31C 13	<input checked="" type="checkbox"/>
296437	WELL	TA	01/03/2009	GW	045-16027	596-31C 11	<input checked="" type="checkbox"/>
296438	WELL	TA	02/07/2009	GW	045-16028	596-31C 22	<input checked="" type="checkbox"/>
296439	WELL	TA	03/12/2009	GW	045-16029	596-31C 28	<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

Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
CONTAINERS	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory			

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?				

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	1	Satisfactory			
Bird Protectors	4	Satisfactory			
Plunger Lift	1	Satisfactory			
Ancillary equipment	1	Satisfactory	well treatment chemical at wells		
Horizontal Heated Separator	8	Satisfactory			

Inspector Name: LONGWORTH, MIKE

Facilities:		<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
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action				Corrective Date	
Comment					

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	400 BBLS	STEEL AST	39.570450,-108.215480
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 Sufficient	Base Sufficient	Adequate

Corrective Action				Corrective Date	
Comment					

Venting:		
Yes/No	Comment	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 335999

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: 296432 Type: WELL API Number: 045-16022 Status: TA Insp. Status: TA

Idle Well

Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____
 S/V: Satisfactory CA Date: _____
 CA: _____
 Comment: MIT performed on 9/13/2012

Facility ID: 296433 Type: WELL API Number: 045-16023 Status: TA Insp. Status: TA

Idle Well

Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____
 S/V: Satisfactory CA Date: _____
 CA: _____
 Comment: MIT performed on 9/13/2012

Facility ID: 296434 Type: WELL API Number: 045-16024 Status: TA Insp. Status: TA

Idle Well

Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____
 S/V: Satisfactory CA Date: _____
 CA: _____
 Comment: MIT performed on 9/13/2012

Facility ID: 296435 Type: WELL API Number: 045-16025 Status: TA Insp. Status: TA

Idle Well

Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____
 S/V: Satisfactory CA Date: _____
 CA: _____
 Comment: MIT performed on 9/13/2012

Facility ID: 296436 Type: WELL API Number: 045-16026 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 296437 Type: WELL API Number: 045-16027 Status: TA Insp. Status: TA

Producing Well

Comment: MIT performed on 9/13/2012

Facility ID: 296438 Type: WELL API Number: 045-16028 Status: TA Insp. Status: TA

Producing Well

Comment: MIT performed on 9/13/2012

Facility ID: 296439 Type: WELL API Number: 045-16029 Status: TA Insp. Status: TA

Producing Well

Comment: MIT performed on 9/13/2012

Environmental**Spills/Releases:**

Inspector Name: LONGWORTH, MIKE

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? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Waste Material Onsite? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Unused or unneeded equipment onsite? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Guy line anchors removed? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Guy line anchors marked? _____ CM _____
	CA _____ CA Date _____
1003b.	Area no longer in use? <u>In</u> Production areas stabilized ? <u>Pass</u>
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? <u>Fail</u>
	Production areas have been stabilized? _____ Segregated soils have been replaced? _____
RESTORATION AND REVEGETATION	
<u>Cropland</u>	

Inspector Name: LONGWORTH, MIKE

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: Excessive size location, reclaim unused areas of location.

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

Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass	Berms	Pass	MHSP	Pass	
Ditches	Pass	Compaction	Pass			
Seeding		Ditches	Pass			
Compaction	Pass	Check Dams	Pass			
Gravel	Pass	Culverts	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____