


FORM INSP <small>Rev 05/11</small>	State of Colorado Oil and Gas Conservation Commission <small>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</small>		DE	ET	OE	ES
			Inspection Date: <u>04/01/2014</u>			
			Document Number: <u>663902913</u>			
			Overall Inspection: <u>Satisfactory</u>			
Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection		
	<u>335709</u>	<u>335709</u>	<u>LONGWORTH, MIKE</u>	<input type="checkbox"/>	2A Doc Num: _____	

Operator Information:

OGCC Operator Number: _____

Name of Operator: MARATHON OIL COMPANY

Address: 1501 STAMPEDE AVENUE

City: CODY State: WY Zip: 82414

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED
- INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Stebbins, Tiffany	307-527-2223	tastebbins@marathonoil.com	Regulatory Compli Rep (Wyoming)
Kellerby, Shaun		shaun.kellerby@state.co.us	

Compliance Summary:

QtrQtr: NWSW Sec: 18 Twp: 6S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/13/2013	663900761			Satisfactory	I		No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
291709	WELL	PR	10/26/2008	GW	045-14517	696-18C 27	PR	<input checked="" type="checkbox"/>
291717	WELL	PR	10/26/2008	GW	045-14511	696-18C 25	PR	<input checked="" type="checkbox"/>
291718	WELL	WO	12/17/2007	GW	045-14510	696-18C 23	WO	<input checked="" type="checkbox"/>
291719	WELL	PR	10/14/2008	GW	045-14509	696-18C 18	PR	<input checked="" type="checkbox"/>
291720	WELL	SI	11/29/2012	GW	045-14508	696-18C 16	SI	<input checked="" type="checkbox"/>
291721	WELL	PR	09/30/2008	GW	045-14507	696-18C 14	PR	<input checked="" type="checkbox"/>
291722	WELL	PR	11/11/2008	GW	045-14506	696-18C 12	PR	<input checked="" type="checkbox"/>
291785	WELL	PR	09/30/2008	GW	045-14518	696-18C 21	PR	<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			
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	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
WELLHEAD	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	8	Satisfactory			
Bird Protectors	4	Satisfactory			
Gas Meter Run	1	Satisfactory			
Plunger Lift	7	Satisfactory			

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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
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	,	
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	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No	Comment				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 335709

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/U/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/U/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/U/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Stormwater:

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: 291709 Type: WELL API Number: 045-14517 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 291717 Type: WELL API Number: 045-14511 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 291718 Type: WELL API Number: 045-14510 Status: WO Insp. Status: WO

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: Well has not been completed Last MIT was 9/21/2012 doc #1772078
Comment: _____

Facility ID: 291719 Type: WELL API Number: 045-14509 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 291720 Type: WELL API Number: 045-14508 Status: SI Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: Well shut in since October 2012. Well need a MIT October 2014
Comment: _____

Facility ID: 291721 Type: WELL API Number: 045-14507 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 291722 Type: WELL API Number: 045-14506 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 291785 Type: WELL API Number: 045-14518 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

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? _____ 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: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Inspector Name: LONGWORTH, MIKE

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 _____ Well Release on Active Location Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Seeding		Sediment Traps	Pass			
Berms	Pass	Compaction	Pass	VT	Pass	Speed limits
Compaction	Pass	Culverts	Pass			
Ditches	Pass	Ditches	Pass			
Gravel	Pass	Gravel	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT