

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:
07/28/2014

Document Number:
668800173

Overall Inspection:

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>296339</u> | <u>335975</u> | <u>GOODWIN, AMANDA</u> | <input type="checkbox"/> | _____ |

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> |

- 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 |
|-----------------|--------------|----------------------------|------------------|
| Lawson, Gary | 970-878-4096 | gary.lawson@whiting.com | EH&S Coordinator |
| Goodwin, Amanda | | amanda.goodwin@state.co.us | All Inspections |

Compliance Summary:

QtrQtr: NESW Sec: 27 Twp: 2S Range: 98W

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------|-------------------------------------|
| 296338 | WELL | XX | 10/11/2010 | LO | 103-11300 | Boies C-27K-J1 | XX | <input checked="" type="checkbox"/> |
| 296339 | WELL | XX | 10/08/2010 | LO | 103-11301 | Boies C-27K-J3 | XX | <input checked="" type="checkbox"/> |
| 296340 | WELL | XX | 10/11/2010 | LO | 103-11302 | Boies C-27K-K1 | XX | <input checked="" type="checkbox"/> |
| 296341 | WELL | XX | 08/19/2011 | LO | 103-11303 | BOIES C-27K-K3N | XX | <input checked="" type="checkbox"/> |
| 296342 | WELL | XX | 10/11/2010 | LO | 103-11304 | Boies C-27K-G3 | XX | <input checked="" type="checkbox"/> |
| 296443 | WELL | XX | 10/08/2010 | LO | 103-11314 | Boies C-27K-G1 | XX | <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

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

Comment: _____

Corrective Action: _____

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

| | |
|-----------------|---------|
| Venting: | |
| Yes/No | Comment |
| | |

| | | | | |
|-----------------|------------------------------|---------|-------------------|---------|
| Flaring: | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 296339

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 296338 | Type: WELL | API Number: 103-11300 | Status: XX | Insp. Status: XX |
| Facility ID: 296339 | Type: WELL | API Number: 103-11301 | Status: XX | Insp. Status: XX |
| Facility ID: 296340 | Type: WELL | API Number: 103-11302 | Status: XX | Insp. Status: XX |
| Facility ID: 296341 | Type: WELL | API Number: 103-11303 | Status: XX | Insp. Status: XX |
| Facility ID: 296342 | Type: WELL | API Number: 103-11304 | Status: XX | Insp. Status: XX |
| Facility ID: 296443 | Type: WELL | API Number: 103-11314 | Status: XX | Insp. Status: XX |

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? Fail CM Debris found
 CA per rule 603, remove debris CA Date 09/01/2014
 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? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? Fail Production areas stabilized ? _____
 1003c. Compacted areas have been cross ripped? Fail
 1003d. Drilling pit closed? Fail 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? Fail
 Production areas have been stabilized? _____ Segregated soils have been replaced? Fail

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced Fail Recontoured Fail 80% Revegetation Fail

1003 f. Weeds Noxious weeds? _____

Comment: Pad surface/ topography remains. Gravel and fencing intact. Debris throughout site. Unused pit liner turned debris. Transect (inside only due to lighting) and photographs attached.
Reclaim pad per 1000 rule series, (see final inspectors comments).

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 _____ 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

S/A/V: _____ Corrective Date: _____

Comment: **BMPs intact.**

CA: **Restore unused pad portions original topography/ drainage patterns.**

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

| Comment | User | Date |
|--|----------|------------|
| Inspection for reclamation purposes only. 1.) Per 1001 series AND original COAs. 2.) Permits expired. | GoodwinA | 07/28/2014 |

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|-----------------------------|---|
| 668800174 | 296339_INSP_Photos_20140728 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3399373 |
| 668800204 | 296339_TRANSECT1_20140728 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3399374 |