

**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:
	296339	335975	GOODWIN, AMANDA	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 96155Name of Operator: WHITING OIL AND GAS CORPORATIONAddress: 1700 BROADWAY STE 2300City: DENVER State: CO Zip: 80290☐ 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 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

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/A/V: _____

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

Form 2A COAs:

S/A/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/A/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 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:

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? **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

Inspector Name: GOODWIN, AMANDA

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