

**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:  
11/18/2014

Document Number:  
674700602

Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                        |                          |             |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:        | On-Site Inspection       | 2A Doc Num: |
|                     | <u>335943</u> | <u>335943</u> | <u>LONGWORTH, MIKE</u> | <input type="checkbox"/> |             |

**Operator Information:**

|                       |  |
|-----------------------|--|
| OGCC Operator Number: | <u>53650</u>                                   |
| Name of Operator:     | <u>MARATHON OIL COMPANY</u>                    |
| Address:              | <u>1501 STAMPEDE AVENUE</u>                    |
| City:                 | <u>CODY</u> State: <u>WY</u> Zip: <u>82414</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                         |
|-------------------|--------------|----------------------------|---------------------------------|
| Kellerby, Shaun   |              | shaun.kellerby@state.co.us |                                 |
| Stebbins, Tiffany | 307-527-2223 | tastebbins@marathonoil.com | Regulatory Compli Rep (Wyoming) |

**Compliance Summary:**

| QtrQtr:    | <u>NESW</u> | Sec:       | <u>29</u>   | Twp:                          | <u>5S</u> | Range:         | <u>96W</u>      |
|------------|-------------|------------|-------------|-------------------------------|-----------|----------------|-----------------|
| Insp. Date | Doc Num     | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I  | Pas/Fail (P/F) | Violation (Y/N) |
| 06/26/2013 | 663801188   |            |             | SATISFACTORY                  | I         |                | No              |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 301118      | WELL | PR     | 09/10/2010  | GW         | 045-18087 | 596-29C 21    | PR          | <input checked="" type="checkbox"/> |
| 301119      | WELL | TA     | 11/03/2009  | GW         | 045-18088 | 596-29C 27    | TA          | <input checked="" type="checkbox"/> |
| 301121      | WELL | PR     | 09/05/2010  | GW         | 045-18089 | 596-30A 27    | PR          | <input checked="" type="checkbox"/> |
| 301129      | WELL | WO     |             | GW         | 045-18090 | 596-29C 12    | TA          | <input checked="" type="checkbox"/> |
| 301131      | WELL | PR     | 09/20/2010  | GW         | 045-18091 | 596-29A 18    | PR          | <input checked="" type="checkbox"/> |
| 301133      | WELL | TA     | 10/04/2009  | GW         | 045-18092 | 596-29C 16    | TA          | <input checked="" type="checkbox"/> |
| 301134      | WELL | TA     | 09/26/2009  | GW         | 045-18093 | 596-29C 14    | TA          | <input checked="" type="checkbox"/> |
| 301135      | WELL | TA     | 10/20/2009  | GW         | 045-18094 | 596-29C 18    | TA          | <input checked="" type="checkbox"/> |
| 301136      | WELL | TA     | 11/16/2009  | GW         | 045-18095 | 596-29C 25    | TA          | <input checked="" type="checkbox"/> |
| 301138      | WELL | PA     | 11/26/2009  | LO         | 045-18096 | 596--29C 23   | PA          | <input checked="" type="checkbox"/> |

| <b>Equipment:</b>           |                        | <u>Location Inventory</u> |                         |
|-----------------------------|------------------------|---------------------------|-------------------------|
| 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**

| <b>Signs/Marker:</b> |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS | SATISFACTORY                 |         |                   |         |
| BATTERY              | SATISFACTORY                 |         |                   |         |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |
| CONTAINERS           | SATISFACTORY                 |         |                   |         |

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: \_\_\_\_\_

Comment:

Corrective Action:

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

| <b>Fencing/:</b> |                              |         |                   |         |
|------------------|------------------------------|---------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD         | SATISFACTORY                 |         |                   |         |

| <b>Equipment:</b>           |   |                              |         |                   |         |
|-----------------------------|---|------------------------------|---------|-------------------|---------|
| Type                        | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Gas Meter Run               | 1 | SATISFACTORY                 |         |                   |         |
| Horizontal Heated Separator | 9 | SATISFACTORY                 |         |                   |         |
| Plunger Lift                | 3 | SATISFACTORY                 |         |                   |         |
| Bird Protectors             | 5 | SATISFACTORY                 |         |                   |         |

| <b>Facilities:</b>                |                |                |           |                        |
|-----------------------------------|----------------|----------------|-----------|------------------------|
| <input type="checkbox"/> New Tank |                | Tank ID: _____ |           |                        |
| Contents                          | #              | Capacity       | Type      | SE GPS                 |
| CONDENSATE                        | 1              | 400 BBLS       | STEEL AST | ,                      |
| S/A/V: SATISFACTORY               | Comment: _____ |                |           |                        |
| Corrective Action:                | _____          |                |           | Corrective Date: _____ |
| <b>Paint</b>                      |                |                |           |                        |
| Condition                         | Adequate       |                |           |                        |
| 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:**  New Tank Tank ID: \_\_\_\_\_

| Contents       | # | Capacity | Type      | SE GPS |
|----------------|---|----------|-----------|--------|
| PRODUCED WATER | 2 | 400 BBLS | STEEL AST | ,      |

S/AV: 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 \_\_\_\_\_

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

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

**Predrill**

Location ID: 335943

**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**

Facility ID: 301118 Type: WELL API Number: 045-18087 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 301119 Type: WELL API Number: 045-18088 Status: TA Insp. Status: TA

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

S/A/V: SATISFACTORY CA Date: \_\_\_\_\_

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

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

Facility ID: 301121 Type: WELL API Number: 045-18089 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 301129 Type: WELL API Number: 045-18090 Status: WO Insp. Status: TA

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

S/A/V: SATISFACTORY CA Date: \_\_\_\_\_

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

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

Facility ID: 301131 Type: WELL API Number: 045-18091 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 301133 Type: WELL API Number: 045-18092 Status: TA Insp. Status: TA

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

S/A/V: SATISFACTORY CA Date: \_\_\_\_\_

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

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

Facility ID: 301134 Type: WELL API Number: 045-18093 Status: TA Insp. Status: TA

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

S/A/V: SATISFACTORY CA Date: \_\_\_\_\_

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

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

Facility ID: 301135 Type: WELL API Number: 045-18094 Status: TA Insp. Status: TA

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

S/A/V: SATISFACTORY CA Date: \_\_\_\_\_

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

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

Facility ID: 301136 Type: WELL API Number: 045-18095 Status: TA Insp. Status: TA

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

S/A/V: SATISFACTORY CA Date: \_\_\_\_\_

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

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

Facility ID: 301138 Type: WELL API Number: 045-18096 Status: PA Insp. Status: PA

**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? \_\_\_\_\_ 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 \_\_\_\_\_

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       | MHSP          | Pass                     |         |
| Seeding          | Pass            |                         |                       |               |                          |         |
| Berms            | Pass            |                         |                       |               |                          |         |
|                  |                 |                         |                       | VT            | Pass                     |         |
|                  |                 | Culverts                | Pass                  |               |                          |         |
|                  |                 | Ditches                 | Pass                  |               |                          |         |
|                  |                 | Compaction              | Pass                  |               |                          |         |
| Ditches          | Pass            |                         |                       |               |                          |         |
|                  |                 | Check Dams              | Pass                  |               |                          |         |
| Compaction       | Pass            |                         |                       |               |                          |         |

Inspector Name: LONGWORTH, MIKE

S/A/V: SATISFACTOR  
Y

Corrective Date: \_\_\_\_\_

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

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

**Pits:**  NO SURFACE INDICATION OF PIT