

**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:
01/27/2015Document Number:
674700902Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335857	335857	LONGWORTH, MIKE	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 53650Name of Operator: MARATHON OIL COMPANYAddress: 1501 STAMPEDE AVENUECity: 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)
Ikenouye, Teri		teri.ikenouye@state.co.us	

Compliance Summary:

QtrQtr:	SES	Sec:	13	Twp:	6S	Range:	97W
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/26/2014	663903380			SATISFACTORY			No
04/01/2014	663902911			SATISFACTORY			No
06/05/2013	663801088			SATISFACTORY	I		No
06/05/2013	663801087			SATISFACTORY			No

Inspector Comment:697-13C #16 (045-14562) needs well status updated to Producing**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
290948	WELL	PR	10/01/2008	GW	045-14230	697-13C 25	PR	<input checked="" type="checkbox"/>
290979	WELL	AL	12/13/2011	LO	045-14242	697-13C 01	AL	<input type="checkbox"/>
290980	WELL	AL	12/13/2011	LO	045-14243	697-13C 03	AL	<input type="checkbox"/>
290981	WELL	AL	05/06/2008	LO	045-14244	697-13C 04	AL	<input type="checkbox"/>
290982	WELL	PA	09/23/2010	LO	045-14245	697-13C 18	PA	<input type="checkbox"/>
290989	WELL	AL	12/13/2011	LO	045-14246	697-13C 02	AL	<input type="checkbox"/>
290990	WELL	AL	09/20/2012	GW	045-14247	697-13C 16X	AL	<input type="checkbox"/>
290994	WELL	PR	10/17/2008	GW	045-14248	697-13C 12	PR	<input checked="" type="checkbox"/>

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290995	WELL	AL	12/13/2011	LO	045-14249	697-13C 20	AL	<input type="checkbox"/>
290996	WELL	AL	12/13/2011	LO	045-14250	697-13C 10	AL	<input type="checkbox"/>
290997	WELL	PR	09/30/2008	GW	045-14251	697-13C 27	PR	<input checked="" type="checkbox"/>
290998	WELL	PR	09/30/2008	GW	045-14252	697-13C 14	PR	<input checked="" type="checkbox"/>
290999	WELL	AL	09/20/2012	GW	045-14253	697-13C 14X	AL	<input type="checkbox"/>
291000	WELL	PR	11/12/2008	GW	045-14254	697-13C 21	PR	<input checked="" type="checkbox"/>
291001	WELL	AL	12/13/2011	LO	045-14255	697-13C 22	AL	<input type="checkbox"/>
291002	WELL	AL	12/13/2011	LO	045-14256	697-13C 8	AL	<input type="checkbox"/>
292006	WELL	PR	10/31/2008	GW	045-14563	697-13C 23	PR	<input checked="" type="checkbox"/>
292007	WELL	PA	01/13/2008	GW	045-14562	697-13C 16	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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			

Emergency Contact Number (S/A/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/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

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

Facilities:		<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:

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	,
S/A/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
NO	

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

Predrill

Location ID: 335857

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: 290948 Type: WELL API Number: 045-14230 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 290994 Type: WELL API Number: 045-14248 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

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Facility ID: 290997 Type: WELL API Number: 045-14251 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 290998 Type: WELL API Number: 045-14252 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 291000 Type: WELL API Number: 045-14254 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292006 Type: WELL API Number: 045-14563 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292007 Type: WELL API Number: 045-14562 Status: PA Insp. Status: PR

Producing Well

Comment: Well status needs changed in COGCC database to Producing.

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? Pass CM

CA _____ CA Date _____
 Waste Material Onsite? Pass CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? _____ CM _____
 CA _____ CA Date _____
 Pit, cellars, rat holes and other bores closed? Pass 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 ? Pass
 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 REVEGETATIONCropland

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: _____

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					Date _____	
Overall Final Reclamation		Well Release on Active Location <input type="checkbox"/>		Multi-Well Location <input type="checkbox"/>		
Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass					
		Check Dams	Pass			
		Gravel	Pass			
		Ditches	Pass			
Compaction	Pass					
		Culverts	Pass			
Berms	Pass					
S/A/V: SATISFACTOR Y _____ Corrective Date: _____						
Comment: <div style="border: 1px solid red; padding: 2px;">Limited inspection due to snow cover. Continue BMP maintenance as snow melts</div>						
CA: _____						
Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT						