

**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:

03/31/2015

Document Number:

674701182

Overall 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)

Compliance Summary:QtrQtr: SESW 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)
01/27/2015	674700902			SATISFACTORY			No
06/26/2014	663903380			SATISFACTORY			No
04/01/2014	663902911			SATISFACTORY			No
06/05/2013	663801087			SATISFACTORY			No
06/05/2013	663801088			SATISFACTORY	I		No

Inspector Comment:**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"/>

Inspector Name: LONGWORTH, MIKE

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	PR	09/19/2008	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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

Signs/Marker:

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

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: 1-866-662-2378

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
SEPARATOR	SATISFACTORY			

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	8	SATISFACTORY			
Plunger Lift	7	SATISFACTORY			
Bird Protectors	4	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:	Airs Id # 045-1683-001	
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	Tanks share berm				

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:	No Airs Id # on produced water tanks.				
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				

Corrective Action				Corrective Date	
Comment	Tanks share berm				

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

Inspector Name: LONGWORTH, MIKE

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

Producing Well

Comment: Producing well

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: 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? Pass CM _____
 CA _____ CA Date _____
 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? _____ 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? In 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 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 _____

Inspector Name: LONGWORTH, MIKE

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
Compaction	Pass					
Seeding						
Berms	Pass					
Gravel	Pass					
Check Dams	Pass					
		Ditches	Pass			
		Culverts	Pass			
Retention Ponds	Pass					
		Compaction	Pass			
		Gravel	Pass			
Ditches	Pass					

S/A/V: SATISFACTOR
Y Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Follow up to 04/01/2014 Inspection doc# 663902911. Form 4 doc #400588643 submitted for Reprot of work done. Access road and it's BMPs are satisfactory.	longworm	04/01/2015