

**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

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Inspection Date:

03/31/2015

Document Number:

674701190

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	439135	439135	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: LT12 Sec: 5 Twp: 6S Range: 96W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
411836	WELL	XX	12/12/2013	LO	045-18387	696-5C 27	ND	<input checked="" type="checkbox"/>
411837	WELL	XX	12/12/2013	LO	045-18388	696-5C 25	ND	<input checked="" type="checkbox"/>
411838	WELL	XX	12/12/2013	LO	045-18389	696-5C 23	ND	<input checked="" type="checkbox"/>
411839	WELL	XX	12/12/2013	LO	045-18390	696-5C 21	ND	<input checked="" type="checkbox"/>
411840	WELL	XX	12/12/2013	LO	045-18391	696-5C 17	ND	<input checked="" type="checkbox"/>
411841	WELL	TA	04/04/2010	GW	045-18392	696-5C 15	TA	<input checked="" type="checkbox"/>
411842	WELL	TA	03/27/2010	GW	045-18393	696-5C 13	TA	<input checked="" type="checkbox"/>
411843	WELL	PR	07/24/2010	GW	045-18394	696-5C 11	PR	<input checked="" type="checkbox"/>
411844	WELL	PR	07/24/2010	GW	045-18395	696-6A 43	PR	<input checked="" type="checkbox"/>
411845	WELL	TA	03/21/2010	GW	045-18396	696-6A 45	TA	<input checked="" type="checkbox"/>
439135	LOCATION	AC	12/12/2013		-	696-6A 43	AC	<input type="checkbox"/>

Equipment:Location Inventory

Inspector Name: LONGWORTH, MIKE

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: **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			

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Gas Meter Run	1	SATISFACTORY			
Plunger Lift	2	SATISFACTORY			
Bird Protectors	3	SATISFACTORY			
Horizontal Heated Separator	5	SATISFACTORY			

Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	400 BBLS	STEEL AST	,

S/A/V: SATISFACTORY

Comment: **Airs id # 045-2044-002**

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				
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: Airs Id # 045-2044-001 on both Produced water tanks	
Corrective Action:				Corrective Date:
Paint				
Condition	Adequate			
Other (Content) _____				
Other (Capacity) _____				
Other (Type) _____				
Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal				
Corrective Action				Corrective Date
Comment Tanks are in the same berm				
Venting:				
Yes/No		Comment		
NO				
Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 439135

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: 411836 Type: WELL API Number: 045-18387 Status: XX Insp. Status: ND

Facility ID: 411837 Type: WELL API Number: 045-18388 Status: XX Insp. Status: ND

Facility ID: 411838 Type: WELL API Number: 045-18389 Status: XX Insp. Status: ND

Facility ID: 411839 Type: WELL API Number: 045-18390 Status: XX Insp. Status: ND

Facility ID: 411840 Type: WELL API Number: 045-18391 Status: XX Insp. Status: ND

Facility ID: 411841 Type: WELL API Number: 045-18392 Status: TA Insp. Status: TA

Idle Well

Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____
S/A/V: SATISFACTORY CA Date: _____
CA: _____
Comment: _____

Facility ID: 411842 Type: WELL API Number: 045-18393 Status: TA Insp. Status: TA

Idle Well

Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____
S/A/V: SATISFACTORY CA Date: _____
CA: _____
Comment: _____

Facility ID: 411843 Type: WELL API Number: 045-18394 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 411844 Type: WELL API Number: 045-18395 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 411845 Type: WELL API Number: 045-18396 Status: TA Insp. Status: TA

Idle Well

Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____
S/A/V: SATISFACTORY CA Date: _____
CA: _____
Comment: _____

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? _____ 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 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 _____

Inspector Name: LONGWORTH, MIKE

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

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT