

**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:
06/09/2015Document Number:
668501521Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>
	207475	321605	Welsh, Brian	2A Doc Num: _____

Operator Information:OGCC Operator Number: 96730Name of Operator: WILLIFORD ENERGY COMPANYAddress: 6100 S YALE AVE STE 2000City: TULSA State: OK Zip: 74136

- ☐ 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
Hubbard, Corky	806-658-9758	whubbard@willifordenergy.co	
Quint, Craig		craig.quint@state.co.us	

Compliance Summary:QtrQtr: SENE Sec: 36 Twp: 13S Range: 49W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/25/2015	668603396	IJ	AC	SATISFACTORY			No
05/06/2014	668602623	IJ	AC	SATISFACTORY	P		No
05/07/2013	668600745	IJ	AC	SATISFACTORY			No
01/10/2012	663900390	IJ	WK	SATISFACTORY	P		No
06/21/2011	200313359	RT	AC	SATISFACTORY			No
03/17/2010	200235998	RT	AC	SATISFACTORY			No
05/27/2009	200211622	RT	AC	SATISFACTORY			No
03/10/2008	200127918	MI	AC	SATISFACTORY			No
02/26/2008	200127405	RT	WO	ACTION REQUIRED			Yes
08/30/2007	200118229	MI	SI	ACTION REQUIRED			Yes
04/04/2007	200108674	RT	AC	ACTION REQUIRED		Fail	Yes
07/21/2006	200094675	RT	AC	SATISFACTORY		Pass	No
06/22/2005	200074008	MI	AC	SATISFACTORY		Pass	No
07/21/2004	200058140	RT	AC	ACTION REQUIRED		Fail	Yes
08/19/2003	200043209	MI	AC	SATISFACTORY		Pass	No
07/31/2002	200029509	RT	AC	SATISFACTORY		Pass	No
08/10/2001	200019455	RT	AC	SATISFACTORY		Pass	No
08/30/2000	200009342	RT	AC	SATISFACTORY	I	Pass	No
12/13/1999	500138718	PR	AC			Pass	No
12/08/1997	500138717	PR	AC			Pass	No

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04/18/1996	500138716	PR	AC			Pass	No
11/18/1994	500138715		AC				
12/15/1993	500138714		AC				

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
114935	PIT		09/23/1999		-	STATE S 1		<input type="checkbox"/>
207475	WELL	IJ	12/30/2011	ERIW	017-06410	RHOADES UNIT TRACT 3 1	IJ	<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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	GRAVEL ROAD THROUGH PASTURE		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	LEASE SIGN MOUNTED TO FENCE AT WELLHEAD		

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

Corrective Date: _____

Comment: _____

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
OTHER	SATISFACTORY	METAL PANELS AROUND CATHODIC RECTIFIER		
WELLHEAD	SATISFACTORY	METAL PANELS AROUND WELLHEAD		

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Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	2	SATISFACTORY	ELECTRIC PANEL AND CATHODIC RECTIFIER		

Venting:			
Yes/No	Comment		
NO			

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

Predrill

Location ID: 207475

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

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

Form 2A COAs:

S/A/V: SATISFACTORY **Comment:** NO COA'S

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: 207475 Type: WELL API Number: 017-06410 Status: IJ Insp. Status: IJ

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg -22.5" HG
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____ MPP _____

Inj Zone: MRRW

TC: Pressure or inches of Hg 65 PSIG

Previous Test Pressure _____ Last MIT: 02/25/2015

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____ AnnMTReq: NO

Comment: CASING HAD 65 PSIG. TBG IJ @ -22.5" HG

Method of Injection: GRAVITY FEED

Test Type: _____

Tbg psi: _____

Csg psi: _____

BH psi: _____

Insp. Status: _____

Comment: _____

EnvironmentalSpills/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 - PitInterim 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 _____

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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? _____ 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 ☐

Inspector Name: Welsh, Brian

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT