

**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:

08/20/2015

Document Number:

673901062

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	437029	437025	Rains, Bill	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 96155Name of Operator: WHITING OIL & GAS CORPORATIONAddress: 1700 BROADWAY STE 2300City: DENVER State: CO Zip: 80290

- ☐ 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
Mezydlo, Cara	(303) 876-7091	cara.mezydlo@whiting.com	All Inspections

Compliance Summary:QtrQtr: LOT4 Sec: 2 Twp: 10N Range: 57W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
437026	WELL	XX	05/03/2014		123-39380	Horsetail 02D-0202	ND	<input checked="" type="checkbox"/>
437027	WELL	XX	05/03/2014		123-39381	Horsetail 02D-0203	ND	<input checked="" type="checkbox"/>
437028	WELL	XX	05/03/2014		123-39382	Horsetail 02D-0201	ND	<input checked="" type="checkbox"/>
437029	WELL	PR	02/13/2015	GW	123-39383	Horsetail 02D-0204	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>4</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>4</u>	Separators: <u>2</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>4</u>
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>8</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
CONTAINERS	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

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BATTERY	SATISFACTORY			
WELLHEAD	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?				

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Gas Meter Run	1	SATISFACTORY			
Flare	1	SATISFACTORY			
Bird Protectors	2	SATISFACTORY			
Prime Mover	1	SATISFACTORY	Ajax motor		
Ancillary equipment	3	SATISFACTORY	Transfer pump,propain tank and chem pump		
Veritcal Heater Treater	1	SATISFACTORY			
Pump Jack	1	SATISFACTORY			
Vertical Separator	1	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			

Facilities:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
			CENTRALIZED PAD	,
S/A/V:	Comment:			
Corrective Action:				Corrective Date:

Paint	
Condition	
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	,

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S/A/V:	SATISFACTORY	Comment:				
Corrective Action:					Corrective Date:	
<u>Paint</u>						
Condition	Adequate					
Other (Content)						
Other (Capacity)						
Other (Type)						
<u>Berms</u>						
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		
CRUDE OIL	4	400 BBLS	STEEL AST	40.874260,-103.726370		
S/A/V:	SATISFACTORY	Comment:				
Corrective Action:					Corrective Date:	
<u>Paint</u>						
Condition	Adequate					
Other (Content)						
Other (Capacity)						
Other (Type)						
<u>Berms</u>						
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		
Field Flare	SATISFACTORY					

Predrill

Location ID: 437029

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:**

BMP Type	Comment
Material Handling and Spill Prevention	<p>Spill Prevention Control and Countermeasures (SPCC) plans are in place to address any possible spill associated with oil and gas operations throughout the State of Colorado.</p> <ul style="list-style-type: none"> • Materials and fluids will be stored in a neat and orderly fashion. • Waste will be collected regularly and disposed of at an offsite facility. • Prompt cleanup is required of spills to minimize waste materials entering the stormwater runoff. • Drip pans will be used during fueling and maintenance to contain spills or leaks. • Cleanup of trash and discarded material will be done at the end of the work day. • Cleanup will consist of monitoring the road, location and any other work areas. • Material to be cleaned up includes trash, scrap, and contaminated soil.
Storm Water/Erosion Control	<p>Stormwater management plans (SWMP) are in place to address construction, drilling and operations associated with oil and gas development throughout the State of Colorado. BMPs will be constructed as necessary to prevent stormwater from leaving the construction site. BMPs used will vary according to the location, and will remain until the pad is reclaimed.</p>

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: 437026 Type: WELL API Number: 123-39380 Status: XX Insp. Status: ND

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment:

Well not drilled

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: _____

Facility ID: 437027 Type: WELL API Number: 123-39381 Status: XX Insp. Status: ND

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment:

Well not drilled

Facility ID: 437028 Type: WELL API Number: 123-39382 Status: XX Insp. Status: ND

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment:

Inspector Name: Rains, Bill

Well not drilled

Facility ID: 437029 Type: WELL API Number: 123-39383 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead exposed to surface

CA:

CA Date:

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): Y

Comment:

Pilot: Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: Date Interim Reclamation Completed:

Land Use: RANGELAND

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? Pass CM

CA CA Date

Guy line anchors removed? Pass CM

CA CA Date

Inspector Name: Rains, Bill

Guy line anchors marked? ☐ CM ☐
CA ☐ CA Date ☐

1003b. Area no longer in use? ☐ Pass Production areas stabilized ? ☐ Pass

1003c. Compacted areas have been cross ripped? ☐

1003d. Drilling pit closed? ☐ Pass Subsidence over on drill pit? ☐ Pass

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: RANGELAND

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
Seeding	Pass					
Berms	Pass	Ditches	Pass	MHSP	Pass	
Gravel	Pass	Gravel	Pass			
Slope Roughening	Pass					

Inspector Name: Rains, Bill

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT