

**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:

10/27/2015

Document Number:

674701976

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	335982	335982	LONGWORTH, MIKE	2A Doc Num:	

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: 32 Twp: 5S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/27/2014	671000009			SATISFACTORY			No
06/26/2013	663801187			SATISFACTORY	I		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
297120	WELL	PR	08/31/2010	GW	045-16321	596-32C 25	PR	<input checked="" type="checkbox"/>
297121	WELL	XX	12/12/2013	LO	045-16320	596-32C 21	ND	<input checked="" type="checkbox"/>
297122	WELL	XX	12/12/2013	LO	045-16319	596-32C 12	ND	<input checked="" type="checkbox"/>
297123	WELL	XX	12/12/2013	LO	045-16318	596-32C 23	ND	<input checked="" type="checkbox"/>
298281	WELL	XX	12/12/2013	LO	045-17113	596-32C 16	ND	<input checked="" type="checkbox"/>
298282	WELL	XX	12/12/2013	LO	045-17114	596-32C 14	ND	<input checked="" type="checkbox"/>
298283	WELL	XX	12/12/2013	LO	045-17115	596-32C 18	ND	<input checked="" type="checkbox"/>
298284	WELL	XX	12/12/2013	LO	045-17116	596-32C 27	ND	<input checked="" type="checkbox"/>
300238	WELL	PR	08/13/2010	GW	045-17858	596-32A 18	PR	<input checked="" type="checkbox"/>
421284	PIT	AC	01/25/2011	-		MARATHON 596-32C	AC	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

433736	CENTRALIZED EP WASTE MGMT FAC	AC	07/26/2013	-	MOC Water Storage Facility 32C	AC	<input type="checkbox"/>
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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	500 bbl tank needs volume on tank.		
WELLHEAD	SATISFACTORY			
CONTAINERS	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
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing:

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

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	2	SATISFACTORY			
Plunger Lift	2	SATISFACTORY			
Bird Protectors	3	SATISFACTORY			
Gas Meter Run	2	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Chemical container at wells.		

Facilities:☐ New Tank

Tank ID: _____

Inspector Name: LONGWORTH, MIKE

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	500 BBLS	HEATED STEEL AST	,
S/A/V:	SATISFACTORY		Comment: Air id 045-1741-001	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) Tank needs volume posted. _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment: Air id 045-1741-002	
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				
Corrective Action				Corrective Date
Comment				

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	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
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Inspector Name: LONGWORTH, MIKE

Metal					
Corrective Action					Corrective Date
Comment					

Venting:		
Yes/No	Comment	
NO		

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

Predrill

Location ID: 335982

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:

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Summary of Operator Response to Landowner Issues:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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Facility

Inspector Name: LONGWORTH, MIKE

Facility ID: 297120 Type: WELL API Number: 045-16321 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 297121 Type: WELL API Number: 045-16320 Status: XX Insp. Status: ND

Facility ID: 297122 Type: WELL API Number: 045-16319 Status: XX Insp. Status: ND

Facility ID: 297123 Type: WELL API Number: 045-16318 Status: XX Insp. Status: ND

Facility ID: 298281 Type: WELL API Number: 045-17113 Status: XX Insp. Status: ND

Facility ID: 298282 Type: WELL API Number: 045-17114 Status: XX Insp. Status: ND

Facility ID: 298283 Type: WELL API Number: 045-17115 Status: XX Insp. Status: ND

Facility ID: 298284 Type: WELL API Number: 045-17116 Status: XX Insp. Status: ND

Facility ID: 300238 Type: WELL API Number: 045-17858 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 421284 Type: PIT API Number: - Status: AC Insp. Status: AC

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? _____ 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 _____

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

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Pit Type:	Lined: YES	Pit ID: 421284	Lat: 39.567800	Long: -108.193900
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Lining:
 Liner Type: _____ Liner Condition: Adequate
 Comment: _____

Fencing:
 Fencing Type: Netting/Fen Fencing Condition: Adequate
 Comment: _____

Netting:
 Netting Type: Fence/Net Netting Condition: Good
 Comment: _____

Anchor Trench Present: YES Oil Accumulation: NO 2+ feet Freeboard: _____

Pit (S/A/V): SATISFACTOR Comment: _____

Corrective Action: _____ Date: _____

Permit:	Facility ID	Permit Num	Expiration Date
	421284	2523842	

Monitoring:	Monitoring Type	Comment
	Chain	

