

**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:
10/28/2015Document Number:
674701989Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335875	335875	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: NWNE Sec: 31 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)
11/18/2014	674700601			SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
292470	WELL	TA	07/06/2008	SI	045-14727	596-31A 12	TA	<input type="checkbox"/>
293641	WELL	TA	10/23/2008	SI	045-15077	596-31A 28	TA	<input type="checkbox"/>
293642	WELL	TA	10/16/2008	SI	045-15078	596-31A 27	TA	<input type="checkbox"/>
293643	WELL	TA	10/09/2008	SI	045-15079	596-31A 26	TA	<input type="checkbox"/>
293644	WELL	TA	10/04/2008	SI	045-15080	596-31A 25	TA	<input type="checkbox"/>
293645	WELL	TA	08/10/2008	SI	045-15081	596-31A 24	TA	<input type="checkbox"/>
293646	WELL	TA	08/17/2008	SI	045-15082	596-31A 23	TA	<input type="checkbox"/>
293647	WELL	PR	10/16/2010	GW	045-15083	596-30C 28	PR	<input type="checkbox"/>
293648	WELL	PR	10/29/2010	GW	045-15084	596-31A 21	PR	<input type="checkbox"/>
293649	WELL	PA	05/23/2011	GW	045-15085	596-31A 18	PA	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

293650	WELL	TA	11/09/2008	SI	045-15086	596-31A 17	TA	<input type="checkbox"/>
293651	WELL	TA	11/14/2008	SI	045-15087	596-31A 16	TA	<input type="checkbox"/>
293652	WELL	TA	11/19/2008	SI	045-15088	596-31A 15	TA	<input type="checkbox"/>
293653	WELL	TA	08/01/2008	SI	045-15089	596-31A 14	TA	<input type="checkbox"/>
293654	WELL	TA	07/14/2008	SI	045-15090	596-31A 13	TA	<input type="checkbox"/>
293655	WELL	TA	06/30/2008	SI	045-15091	596-31A 11	TA	<input 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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

Venting:

Yes/No _____ Comment _____

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
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Predrill

Location ID: 335875

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: 293649 Type: WELL API Number: 045-15085 Status: PA Insp. Status: PA

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 _____

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: **Well plugged. Form 6 Well Abandonment Report doc # 400177301**

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Pass _____ 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

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/webblink/>) and search by document number:

Document Num	Description	URL
674701990	Plugged well in quad	http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3712703