

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
----	----	----	----

Inspection Date:
11/06/2015

Document Number:
674702029

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>335997</u>	<u>335997</u>	<u>LONGWORTH, MIKE</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>53650</u>
Name of Operator:	<u>MARATHON OIL COMPANY</u>
Address:	<u>1501 STAMPEDE AVENUE</u>
City:	<u>CODY</u> State: <u>WY</u> Zip: <u>82414</u>

- 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: SESE Sec: 34 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)
07/31/2014	674700156			SATISFACTORY			No
09/05/2013	663902137			SATISFACTORY	F		No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
297425	WELL	XX	12/12/2013	LO	045-16839	596-34D 12	ND	<input checked="" type="checkbox"/>
297426	WELL	XX	12/12/2013	LO	045-16840	596-34D 14	ND	<input checked="" type="checkbox"/>
297427	WELL	XX	12/12/2013	LO	045-16841	596-34D 18	ND	<input checked="" type="checkbox"/>
297428	WELL	XX	12/12/2013	LO	045-16842	596-34D 21	ND	<input checked="" type="checkbox"/>
297429	WELL	XX	12/12/2013	LO	045-16843	596-34D 25	ND	<input checked="" type="checkbox"/>
297430	WELL	XX	12/12/2013	LO	045-16844	596-34D 23	ND	<input checked="" type="checkbox"/>
297431	WELL	PR	06/21/2010	GW	045-16845	596-34D 27	PR	<input checked="" type="checkbox"/>
297432	WELL	XX	12/12/2013	LO	045-16846	596-34D 16	ND	<input checked="" type="checkbox"/>
297433	WELL	PR	06/05/2010	GW	045-16847	696-6A 13	PR	<input checked="" type="checkbox"/>
297434	WELL	XX	05/14/2014	LO	045-16848	696-6A 11	ND	<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 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

Lease Road:				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Main	SATISFACTORY	Road being snow plowed and maitained.		

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
<input type="checkbox"/> 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
Plunger Lift	2	SATISFACTORY			
Bird Protectors	2	SATISFACTORY			
Horizontal Heated Separator	2	SATISFACTORY			

Facilities:					
<input type="checkbox"/> New Tank		Tank ID: _____			
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	1	400 BBLS	STEEL AST		
S/A/V:	SATISFACTORY		Comment: _____		
Corrective Action:				Corrective Date: _____	

<u>Paint</u> Condition	Adequate
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: New Tank Tank ID: _____

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

<u>Paint</u> Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal				
Corrective Action				Corrective Date
Comment	Shared berm			

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 335997

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 297425 Type: WELL API Number: 045-16839 Status: XX Insp. Status: ND

Facility ID: 297426 Type: WELL API Number: 045-16840 Status: XX Insp. Status: ND

Facility ID: 297427 Type: WELL API Number: 045-16841 Status: XX Insp. Status: ND

Facility ID: 297428 Type: WELL API Number: 045-16842 Status: XX Insp. Status: ND

Facility ID: 297429 Type: WELL API Number: 045-16843 Status: XX Insp. Status: ND

Facility ID: 297430 Type: WELL API Number: 045-16844 Status: XX Insp. Status: ND

Facility ID: 297431 Type: WELL API Number: 045-16845 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 297432 Type: WELL API Number: 045-16846 Status: XX Insp. Status: ND

Facility ID: 297433 Type: WELL API Number: 045-16847 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 297434 Type: WELL API Number: 045-16848 Status: XX Insp. Status: ND

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 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

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Ditches	Pass			
		Check Dams	Pass			

Inspector Name: LONGWORTH, MIKE

		Culverts	Pass			
Berms	Pass					

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: Crews out maintaining BMPs on road.

CA: _____

Pits: NO SURFACE INDICATION OF PIT