

**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



Inspection Date:

07/15/2016

Document Number:

675102734

Overall Inspection:

SATISFACTORY

**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 335678      | 335678 | GRANAHAN, KYLE  | <input type="checkbox"/> |             |

**Operator Information:**

|                       |                                                  |
|-----------------------|--------------------------------------------------|
| OGCC Operator Number: | <u>96155</u>                                     |
| Name of Operator:     | <u>WHITING OIL &amp; GAS CORPORATION</u>         |
| Address:              | <u>1700 BROADWAY STE 2300</u>                    |
| City:                 | <u>DENVER</u> State: <u>CO</u> Zip: <u>80290</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                  |
|--------------|--------------|------------------------------|--------------------------|
| CO, Western  | 303-876-7091 | whitingwesternco@whiting.com | Western slope inspection |

**Compliance Summary:**

|         |             |      |           |      |           |        |            |
|---------|-------------|------|-----------|------|-----------|--------|------------|
| QtrQtr: | <u>SWSE</u> | Sec: | <u>24</u> | Twp: | <u>2S</u> | Range: | <u>98W</u> |
|---------|-------------|------|-----------|------|-----------|--------|------------|

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 07/21/2014 | 675100225 |            |             | SATISFACTORY                  |          |                | No              |
| 07/17/2014 | 675100224 |            |             | <b>ACTION REQUIRED</b>        |          |                | No              |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name  | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|-------------------------------------|
| 286898      | WELL | PR     | 10/04/2009  | GW         | 103-10904 | BOIES C-240-O2 | PR          | <input checked="" type="checkbox"/> |
| 290614      | WELL | AL     | 05/07/2013  | LO         | 103-11016 | BOIES C-240-P3 | AL          | <input type="checkbox"/>            |
| 294785      | WELL | AL     | 05/07/2013  | LO         | 103-11217 | BOIES C-240-O3 | AL          | <input type="checkbox"/>            |
| 294787      | WELL | PR     | 04/02/2009  | GW         | 103-11218 | BOIES C-240-P1 | PR          | <input checked="" type="checkbox"/> |
| 294864      | WELL | PR     | 03/30/2009  | GW         | 103-11219 | BOIES C-240-O1 | PR          | <input checked="" type="checkbox"/> |
| 299570      | WELL | PR     | 03/22/2009  | GW         | 103-11416 | BOIES C-240-O4 | PR          | <input checked="" type="checkbox"/> |
| 299983      | WELL | AL     | 05/07/2013  | LO         | 103-11431 | BOIES C-240-P2 | AL          | <input type="checkbox"/>            |
| 299984      | WELL | AL     | 05/07/2013  | LO         | 103-11432 | BOIES C-240-P4 | AL          | <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**

| <b>Lease Road:</b> |                              |         |                   |      |
|--------------------|------------------------------|---------|-------------------|------|
| Type               | Satisfactory/Action Required | comment | Corrective Action | Date |
|                    |                              |         |                   |      |

| <b>Signs/Marker:</b> |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS | SATISFACTORY                 |         |                   |         |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |
| BATTERY              | SATISFACTORY                 |         |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: \_\_\_\_\_

Comment: 800-723-4608

Corrective Action: \_\_\_\_\_

| <b>Good Housekeeping:</b> |                              |         |                   |         |
|---------------------------|------------------------------|---------|-------------------|---------|
| Type                      | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                           |                              |         |                   |         |

| <b>Spills:</b>                                         |      |        |                   |         |
|--------------------------------------------------------|------|--------|-------------------|---------|
| Type                                                   | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? |      |        |                   |         |

| <b>Fencing/:</b> |                              |         |                   |         |
|------------------|------------------------------|---------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                  |                              |         |                   |         |

| <b>Equipment:</b>                 |     |                               |              |       |  |
|-----------------------------------|-----|-------------------------------|--------------|-------|--|
| Type: Horizontal Heated Separator | # 4 | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                           |     |                               |              |       |  |
| Corrective Action                 |     |                               |              | Date: |  |
| Type: Bird Protectors             | # 4 | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                           |     |                               |              |       |  |
| Corrective Action                 |     |                               |              | Date: |  |
| Type: Deadman # & Marked          | # 8 | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment                           |     |                               |              |       |  |

|                                           |     |                                            |
|-------------------------------------------|-----|--------------------------------------------|
| Corrective Action                         |     | Date:                                      |
| Type: Ancillary equipment                 | # 5 | Satisfactory/Action Required: SATISFACTORY |
| Comment Chem tote w/secondary containment |     |                                            |
| Corrective Action                         |     | Date:                                      |
| Type: Plunger Lift                        | # 4 | Satisfactory/Action Required: SATISFACTORY |
| Comment                                   |     |                                            |
| Corrective Action                         |     | Date:                                      |

**Facilities:**       New Tank      Tank ID: \_\_\_\_\_

| Contents           | #            | Capacity | Type                            | SE GPS |
|--------------------|--------------|----------|---------------------------------|--------|
| PRODUCED WATER     | 2            | 400 BBLS | STEEL AST                       | ,      |
| S/AR               | SATISFACTORY |          | Comment: AIRS ID # 103-0363-002 |        |
| Corrective Action: |              |          | Corrective Date:                |        |

Paint

|                        |          |
|------------------------|----------|
| Condition              | Adequate |
| Other (Content) _____  |          |
| Other (Capacity) _____ |          |
| Other (Type) _____     |          |

Berms

| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------------------|----------|---------------------|---------------------|-------------|
|                   |          |                     |                     |             |
| Corrective Action |          |                     | Corrective Date     |             |
| Comment           |          |                     |                     |             |

**Facilities:**       New Tank      Tank ID: \_\_\_\_\_

| Contents           | #            | Capacity | Type                            | SE GPS |
|--------------------|--------------|----------|---------------------------------|--------|
| CONDENSATE         | 2            | 400 BBLS | STEEL AST                       | ,      |
| S/AR               | SATISFACTORY |          | Comment: AIRS ID # 103-0363-001 |        |
| Corrective Action: |              |          | Corrective Date:                |        |

Paint

|                        |          |
|------------------------|----------|
| 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           |          |                     |                     |             |

**Venting:**

|         |    |
|---------|----|
| Yes/No  | NO |
| Comment |    |

|                    |                              |                      |  |
|--------------------|------------------------------|----------------------|--|
| <b>Flaring:</b>    |                              |                      |  |
| Type               | Satisfactory/Action Required |                      |  |
| Comment:           |                              |                      |  |
| Corrective Action: |                              | Correct Action Date: |  |

**Predrill**

Location ID: 335678

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/AR:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

**S/AR:** \_\_\_\_\_ **Comment:** \_\_\_\_\_

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Wildlife BMPs:**

**S/AR:** \_\_\_\_\_ **Comment:** \_\_\_\_\_

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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: 286898 Type: WELL API Number: 103-10904 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR - no leaks/venting**

Facility ID: 294787 Type: WELL API Number: 103-11218 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR - no leaks/venting**

Facility ID: 294864 Type: WELL API Number: 103-11219 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR - no leaks/venting

Facility ID: 299570 Type: WELL API Number: 103-11416 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR - no leaks/venting

**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. Waste and Debris removed? 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 marked? Pass

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel           | Pass            |                         |                       |               |                          |         |
| Berms            | Pass            |                         |                       |               |                          |         |
| Compaction       | Pass            |                         |                       |               |                          |         |

Inspector Name: GRANAHAN, KYLE

S/A/V: SATISFACTOR Corrective Date: \_\_\_\_\_  
Y \_\_\_\_\_

Comment: **No sediment flow evident**

CA: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT

**Attached Documents**

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description         | URL                                                                                                                                                                 |
|--------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 675102734    | INSPECTION APPROVED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3905406">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3905406</a> |