

**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: 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
CO, Western	303-876-7091	whitingwesternco@whiting.com	Western slope inspection

Compliance Summary:QtrQtr: SWSE Sec: 24 Twp: 2S Range: 98W

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			ACTION REQUIRED			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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

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: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Equipment:

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			

Inspector Name: GRANAHAN, KYLE

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:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
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:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
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	

Flaring:

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:

Lat Long

DWR Receipt Num: Owner Name: GPS :

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 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: _____

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	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3905406