

**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:

675102731

Overall Inspection:

SATISFACTORY

**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 291759      | 335879 | GRANAHAN, KYLE  | <input type="checkbox"/> |             |

**Operator Information:**

|                       |                               |
|-----------------------|-------------------------------|
| OGCC Operator Number: | 96155                         |
| Name of Operator:     | WHITING OIL & GAS CORPORATION |
| Address:              | 1700 BROADWAY STE 2300        |
| City:                 | 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: SESE      Sec: 28      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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 07/29/2014 | 674300055 |            |             | SATISFACTORY                  |          |                | No              |
| 03/05/2012 | 662300245 | PR         | PR          | ACTION REQUIRED               |          |                | No              |
| 11/17/2010 | 200290360 | PR         | PR          | ACTION REQUIRED               |          |                | Yes             |
| 07/29/2010 | 200264967 | SR         | PR          | ACTION REQUIRED               |          |                | Yes             |
| 05/06/2009 | 200209809 | PR         | PR          | SATISFACTORY                  |          |                | No              |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name    | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|-------------------------------------|
| 291759      | WELL | PR     | 04/26/2008  | GW         | 103-11064 | BOIES C-28P-P3   | PR          | <input checked="" type="checkbox"/> |
| 291760      | WELL | AL     | 06/04/2013  | LO         | 103-11063 | Boies C-28P-33A1 | AL          | <input type="checkbox"/>            |
| 291761      | WELL | AL     | 06/04/2013  | LO         | 103-11062 | Boies C-28P-33A3 | AL          | <input type="checkbox"/>            |
| 291762      | WELL | AL     | 06/04/2013  | LO         | 103-11061 | Boies C-28P-33B1 | AL          | <input type="checkbox"/>            |
| 296377      | WELL | XX     | 05/09/2013  | LO         | 103-11310 | Boies C-28P-P1   | XX          | <input type="checkbox"/>            |
| 412992      | WELL | AL     | 06/04/2013  | LO         | 103-11563 | Boies C-28P-33B3 | 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 |
|----------------------|------------------------------|---------|-------------------|---------|
| WELLHEAD             | SATISFACTORY                 |         |                   |         |
| TANK LABELS/PLACARDS | 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 |
|------|------|--------|-------------------|---------|
|      |      |        |                   |         |

Multiple Spills and Releases?

**Fencing/:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
|      |                              |         |                   |         |

**Equipment:**

|                           |                                   |                               |              |
|---------------------------|-----------------------------------|-------------------------------|--------------|
| Type: Bird Protectors     | # 1                               | Satisfactory/Action Required: | SATISFACTORY |
| Comment                   |                                   |                               |              |
| Corrective Action         |                                   |                               | Date: _____  |
| Type: Pig Station         | # 1                               | Satisfactory/Action Required: | SATISFACTORY |
| Comment                   |                                   |                               |              |
| Corrective Action         |                                   |                               | Date: _____  |
| Type: Ancillary equipment | # 2                               | Satisfactory/Action Required: | SATISFACTORY |
| Comment                   | Chem tote w/secondary containment |                               |              |

|                                   |     |  |
|-----------------------------------|-----|--|
| Corrective Action                 |     | Date:                                      |
| Type: Deadman # & Marked          | # 4 | Satisfactory/Action Required: SATISFACTORY |
| Comment                           |     |  |
| Corrective Action                 |     | Date:                                      |
| Type: Horizontal Heated Separator | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment                           |     |  |
| Corrective Action                 |     | Date:                                      |
| Type: Plunger Lift                | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment                           |     |  |
| Corrective Action                 |     | Date:                                      |

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

| Contents           | #            | Capacity  | Type      | SE GPS           |
|--------------------|--------------|-----------|-----------|------------------|
| PRODUCED WATER     | 1            | <100 BBLs | STEEL AST | ,                |
| S/AR               | SATISFACTORY |           | Comment:  |                  |
| 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           |          |                     |                     |                 |

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

| Contents           | #            | Capacity | Type      | SE GPS           |
|--------------------|--------------|----------|-----------|------------------|
| PRODUCED WATER     | 1            | 400 BBLs | STEEL AST | ,                |
| S/AR               | SATISFACTORY |          | Comment:  |                  |
| 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 | 1 | 400 BBLS | STEEL AST | ,      |

|      |              |          |                        |
|------|--------------|----------|------------------------|
| S/AR | SATISFACTORY | Comment: | AIRS ID # 103-0397-001 |
|------|--------------|----------|------------------------|

|                    |  |                  |  |
|--------------------|--|------------------|--|
| 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 | Correct Action | Date: |
|--------------------|------------------------------|----------------|-------|
| Comment:           |                              |                |       |
| Corrective Action: |                              |                |       |

**Predrill**

Location ID: 291759

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: 291759 Type: WELL API Number: 103-11064 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: \_\_\_\_\_

|   |                   |             |      |
|---|-------------------|-------------|------|
| <b>Water Well:</b>  |                   | Lat         | Long |
| DWR Receipt Num: _____  | Owner Name: _____ | GPS : _____ |      |
| <b>Field Parameters:</b>  |                   |             |      |
|   |                   |             |      |
| 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Berms            | Pass            |                         |                       |               |                          |         |
| Compaction       | Pass            |                         |                       |               |                          |         |
| Gravel           | Pass            |                         |                       |               |                          |         |

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   |
|--------------|---------------------|---|
| 675102731    | INSPECTION APPROVED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3905409">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3905409</a> |