

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:
401784571

Date Received:
10/04/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 96155
Name of Operator: WHITING OIL & GAS CORPORATION
Address: 1700 BROADWAY STE 2300
City: DENVER State: CO Zip: 80290

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Kyle Waggoner</u>	<u>9704374113</u>	<u>kyle.waggoner@whiting.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 691200486
Inspection Date: 09/24/2018 FIR Submit Date: 09/24/2018 FIR Status: _____

Inspected Operator Information:

Company Name: WHITING OIL & GAS CORPORATION Company Number: 96155
Address: 1700 BROADWAY STE 2300
City: DENVER State: CO Zip: 80290

LOCATION - Location ID: 318918

Location Name: KERN-612N62W Number: 33NESE County: _____
Qtrqtr: NESE Sec: 33 Twp: 12N Range: 62W Meridian: 6
Latitude: 40.964170 Longitude: -104.318122

FACILITY - API Number: 05-123-00 Facility ID: 318918

Facility Name: KERN-612N62W Number: 33NESE
Qtrqtr: NESE Sec: 33 Twp: 12N Range: 62W Meridian: 6
Latitude: 40.964170 Longitude: -104.318122

CORRECTIVE ACTIONS:

1 CA# 118947

Corrective Action: Remove unused tubing from P&A'd wellsite. Comply with Rule 603.f. Date: 10/24/2018

Response: CA COMPLETED Date of Completion: 10/03/2018

Operator Comment: Tubing removed from location. See attached picture page.

COGCC Decision: _____

COGCC
Representative:

2 CA# 118948

Corrective Action: Manage & control weeds. Comply with Rule 603.f.

Date: 10/04/2018

Response: CA COMPLETED

Date of Completion: 10/03/2018

Operator
Comment: Weeds removed from location. See picture page attached.

COGCC Decision:

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Kyle Waggoner

Signed: _____

Title: Field Regulatory Manager

Date: 10/4/2018 1:50:44 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
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401784576	Picture Documentation
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Total Attach: 1 Files