

**FORM
INSP**Rev
05/11**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Inspection Date:

02/28/2012

Document Number:

661400092

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>295980</u>	<u>335208</u>		<u>KELLERBY, SHAUN</u>

Operator Information:OGCC Operator Number: 96850 Name of Operator: WILLIAMS PRODUCTION RMT COMPANY LLCAddress: 1001 17TH STREET - SUITE #1200City: DENVER State: CO Zip: 80202**Contact Information:**

Contact Name	Phone	Email	Comment
Moss, Brad	(970) 285-9377/ (719) 429-3529	Brad.Moss@Williams.com	Production foreman

Compliance Summary:QtrQtr: NESW Sec: 17 Twp: 6S Range: 91W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
288430	WELL	PR	06/25/2008	GW	045-13276	JOLLEY 17-1D	<input checked="" type="checkbox"/>
288431	WELL	PR	07/25/2008	GW	045-13275	JOLLEY 17-4D	<input checked="" type="checkbox"/>
289365	WELL	PR	07/15/2008	GW	045-13713	JOLLEY 17-2D	<input checked="" type="checkbox"/>
289366	WELL	PR	06/16/2008	GW	045-13712	JOLLEY 17-3D	<input checked="" type="checkbox"/>
295980	WELL	DG	01/17/2012	LO	045-15860	Jolley KP 23-17	<input checked="" type="checkbox"/>
296440	WELL	AL	05/27/2011	LO	045-16030	JOLLEY 17-310D	<input type="checkbox"/>
296441	WELL	DG	01/17/2012	LO	045-16031	Jolley KP 33-17	<input checked="" type="checkbox"/>
298267	WELL	XX	09/08/2010	LO	045-17110	Jolley KP 633-17	<input checked="" type="checkbox"/>
298268	WELL	WO	01/17/2012	LO	045-17111	Jolley KP 423-17	<input checked="" type="checkbox"/>
298269	WELL	DG	01/17/2012	LO	045-17112	Jolley KP 533-17	<input checked="" type="checkbox"/>
335208	LOCATION	AC	04/14/2009		-	JOLLEY-66S91W 17NESW	<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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory	located at the separator units		
TANK LABELS/PLACARDS	Unsatisfactory	Methanol tank has no label	Install sign to comply with rule 210.b.	03/30/2012
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory	at main battery		

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

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

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
SEPARATOR	Satisfactory			
WELLHEAD	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heater Treater		Satisfactory	low pressure separator units downstream of separator units		
Pig Station	1	Satisfactory			
Emission Control Device	1	Satisfactory			
Dehydrator	1	Satisfactory			
Plunger Lift		Satisfactory			

Tanks/Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	1		STEEL AST	39.526260,107.578110

S/U/V:	Satisfactory	Comment:	
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate			Adequate

Corrective Action		Corrective Date	
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Comment	
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Tanks/Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST	,

S/U/V:	Satisfactory	Comment:	
Corrective Action:	One 400bbl tank with no berm in center of pad, marked as produced water.	Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate			Adequate

Corrective Action		Corrective Date	
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Comment	
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Tanks/Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	400 BBLS	STEEL AST	,

S/U/V:		Comment:	
Corrective Action:		Corrective Date:	

Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
Comment			

Tanks/Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	400 BBLS	STEEL AST	,

S/U/V:		Comment:	
Corrective Action:		Corrective Date:	

Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
Comment			

Tanks/Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	300 BBLS	STEEL AST	39.526040,107.578380

S/U/V:		Comment:	
Corrective Action:		Corrective Date:	

Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
Comment			

<u>Venting:</u>		
Yes/No	Comment	
NO		

<u>Flaring:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 335208

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Wildlife BMPs:****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:**Well**

Facility ID: 288430 API Number: 045-13276 Status: PR Insp. Status: PR

Facility ID: 288431 API Number: 045-13275 Status: PR Insp. Status: PR

Facility ID: 289365 API Number: 045-13713 Status: PR Insp. Status: PR

Facility ID: 289366 API Number: 045-13712 Status: PR Insp. Status: PR

Facility ID: 295980 API Number: 045-15860 Status: DG Insp. Status: PR

Facility ID: 296441 API Number: 045-16031 Status: DG Insp. Status: PR

Facility ID: 298267 API Number: 045-17110 Status: XX Insp. Status: ND

Facility ID: 298268 API Number: 045-17111 Status: WO Insp. Status: PR

Facility ID: 298269 API Number: 045-17112 Status: DG Insp. Status: PR

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: Large area of the pad is not in use.

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? _____

Inspector Name: KELLERBY, SHAUN

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

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Check Dams	Fail			

S/U/V: Unsatisfactory

Corrective Date: 03/30/2012

Comment: main Lease road leading to pad site need BMP to prevent erosion.

CA: Maintain and place BMP as needed.