

FORM INSP	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		DE ET OE ES
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Inspection Date:
02/27/2012

Document Number:
662300242

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>NEIDEL, KRIS</u>
	<u>293284</u>	<u>335681</u>		

Operator Information:

OGCC Operator Number: 96155 Name of Operator: WHITING OIL AND GAS CORPORATION

Address: 1700 BROADWAY STE 2300

City: DENVER State: CO Zip: 80290

Contact Information:

Contact Name	Phone	Email	Comment
Tobin, Polly	303-390-4267	Pollyt@whiting.com	

Compliance Summary:

QtrQtr: SWSW Sec: 24 Twp: 2S Range: 98W

Inspector Comment:

wells not drilled have tin mill at surface is there a plan to remove tin mill or drill well?

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
288986	WELL	PR	03/05/2009	GW	103-10989	BOIES C-24M-M2W	X
293281	WELL	PR	06/08/2008	OW	103-11113	BOIES C-24M-N1	X
293282	WELL	AL	08/09/2011	LO	103-11114	BOIES C-24M-M4	
293283	WELL	AL	08/08/2011	LO	103-11115	BOIES C-24M-N4	
293284	WELL	PR	07/18/2008	OW	103-11116	BOIES C-24M-M1	X
293285	WELL	PR	06/23/2008	OW	103-11117	BOIES C-24M-N3	X
293286	WELL	PR	06/08/2008	OG	103-11118	BOIES C-24M-M3	X
293287	WELL	XX	10/06/2008	LO	103-11119	BOIES C-24M-N2	
335681	LOCATION	AC	04/14/2009		-	BOIES-62S98W 24SWSW	

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
WELLHEAD	Satisfactory			

Inspector Name: NEIDEL, KRIS

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?				

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Dehydrator	3	Satisfactory			

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	2	400 BBLS	STEEL AST	,	
S/U/V: 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 Sufficent	Base Sufficent	Adequate	
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: 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 Sufficent	Base Sufficent	Adequate	
Corrective Action	_____			Corrective Date	_____
Comment	_____				

Venting:	
Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill	
Location ID: <u>335681</u>	
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):	
<u>Surface Owner Contact Information:</u>	
Name: _____	Address: _____
Phone Number: _____	Cell Phone: _____
<u>Operator Rep. Contact Information:</u>	
Landman Name: _____	Phone Number: _____
Date Onsite Request Received: _____	Date of Rule 306 Consultation: _____
Request LGD Attendance: _____	
<u>LGD Contact Information:</u>	
Name: _____	Phone Number: _____
Agreed to Attend: _____	
<u>Summary of Landowner Issues:</u>	

<u>Summary of Operator Response to Landowner Issues:</u>	

<u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u>	

Well				
Facility ID: <u>288986</u>	API Number: <u>103-10989</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>	
Facility ID: <u>293281</u>	API Number: <u>103-11113</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>	
Facility ID: <u>293284</u>	API Number: <u>103-11116</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>	
Facility ID: <u>293285</u>	API Number: <u>103-11117</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>	
Facility ID: <u>293286</u>	API Number: <u>103-11118</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>	

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. 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? _____

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

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____