

Inspector Name: SCHURE, KYM

**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



DE	ET	OE	ES
----	----	----	----

Inspection Date:

11/26/2012

Document Number:

663300799

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>426457</u>	<u>426458</u>		<u>SCHURE, KYM</u>

Operator Information:

OGCC Operator Number: 10347 Name of Operator: CONTINENTAL RESOURCES INC

Address: PO BOX 269000

City: OKLAHOMA CITY State: OK Zip: 73126

Contact Information:

Contact Name	Phone	Email	Comment
McNally, Alan		alanmcnally@contres.com	

Compliance Summary:

QtrQtr: <u>NWNW</u>		Sec: <u>13</u>	Twp: <u>8N</u>		Range: <u>62W</u>		
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/22/2012	661601648	XX	PR	S			N

Inspector Comment:

Routine inspection

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
426457	WELL	PR	08/29/2012	OW	123-34697	Dunn 1-13H	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>1</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>1</u>	Electric Motors: <u>1</u>
Gas or Diesel Mortors: <u>1</u>	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>1</u>
Electric Generators: <u>2</u>	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>3</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: <u>1</u>

Location**Signs/Marker:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
WELLHEAD	Satisfactory			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Inspector Name: SCHURE, KYM

Type	Area	Volume	Corrective action	CA Date
------	------	--------	-------------------	---------

☐ Multiple Spills and Releases?

<u>Fencing/:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory			
PUMP JACK	Satisfactory			

<u>Equipment:</u>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	1	Satisfactory			
Compressor	1	Satisfactory			
Bird Protectors	1	Satisfactory			
Emission Control Device	1	Satisfactory			
Pump Jack	1	Satisfactory			
Flare	1	Satisfactory			
Gas Meter Run	1	Satisfactory			

<u>Facilities:</u>				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST	,
S/U/V:	Satisfactory	Comment:		
Corrective Action:				Corrective Date:

<u>Paint</u>	
Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment	Metal berm at separator (satisfactory)			

Inspector Name: SCHURE, KYM

Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	3	400 BBLS	STEEL AST	40.000000,104.000000
S/U/V:	Comment:			
Corrective Action:				Corrective Date:
Paint				
Condition				
Other (Content)				
Other (Capacity)				
Other (Type)				
Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				
Venting:				
Yes/No	Comment			
Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ignitor/Combustor	Satisfactory	Field flare - satisfactory		

Predrill

Location ID: 426458

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:****CA:****Date:****Wildlife BMPs:****Comment:****CA:****Date:****Stormwater:**

Erosion BMPs

Present

Other BMPs

Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

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: 426457 Type: WELL API Number: 123-34697 Status: PR Insp. Status: PR

Producing Well

Comment:

Environmental**Spills/Releases:**

Inspector Name: SCHURE, KYM

Type of Spill: _____	Description: _____	Estimated Spill Volume: _____
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
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: RANGELAND	
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
1003a.	Debris removed? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Waste Material Onsite? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Unused or unneeded equipment onsite? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Guy line anchors removed? <u>Pass</u> CM _____
	CA _____ CA Date _____
	Guy line anchors marked? _____ CM _____
	CA _____ CA Date _____
1003b.	Area no longer in use? <u>Pass</u> Production areas stabilized ? <u>Pass</u>
1003c.	Compacted areas have been cross ripped? _____
1003d.	Drilling pit closed? <u>Pass</u> Subsidence over on drill pit? <u>Pass</u>
	Cuttings management: _____
1003e.	Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? <u>In</u>
	Production areas have been stabilized? <u>Pass</u> Segregated soils have been replaced? <u>In</u>
RESTORATION AND REVEGETATION	
<u>Cropland</u>	

Inspector Name: SCHURE, KYM

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced In

Recontoured In

80% Revegetation In

1003 f. Weeds Noxious weeds? P

Comment: _____

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

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 _____

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	Gravel	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____