

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
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Inspection Date:
09/12/2013

Document Number:
663902178

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID <u>335880</u>	Loc ID <u>335880</u>	Inspector Name: <u>LONGWORTH, MIKE</u>	On-Site Inspection <input type="checkbox"/>	2A Doc Num: _____
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Operator Information:

OGCC Operator Number: 53650 Name of Operator: MARATHON OIL COMPANY

Address: 5555 SAN FELIPE RD

City: HOUSTON State: TX Zip: 77056

Contact Information:

Contact Name	Phone	Email	Comment
Mazotti, Joseph J	405.728.5228	jjmazotti@marathonoil.com	Regulatory
KELLERBY, SHAUN		shaun.kellerby@state.co.us	

Compliance Summary:

QtrQtr: SWSW Sec: 33 Twp: 5S Range: 96W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
292004	WELL	PR	09/01/2011	GW	045-14565	596-33C 12	X
292482	WELL	WO		GW	045-14735	596-33C 14	X
292483	WELL	WO	11/03/2008	GW	045-14734	596-33C 16	X
292484	WELL	WO	09/10/2008	GW	045-14733	596-33C 21	X
292485	WELL	WO	09/22/2008	GW	045-14732	596-33C 23	X
292486	WELL	WO		GW	045-14731	596-33C 25	X
292487	WELL	WO		GW	045-14730	596-33C 27	X
292490	WELL	WO		GW	045-14736	596-33C 18	X
295328	WELL	WO		GW	045-15720	697-2A 23	X
416245	WELL	PR	07/03/2010	GW	045-19245	596-33A 18	X
418916	WELL	XX	08/24/2010	LO	045-19829	596-33A 27	X
418918	WELL	XX	08/24/2010	LO	045-19830	596-33A 16	X
418921	WELL	XX	08/24/2010	LO	045-19831	596-33A 25	X

Equipment: Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>2</u>	Wells: <u>11</u>	Production Pits: _____
Condensate Tanks: <u>1</u>	Water Tanks: <u>2</u>	Separators: <u>11</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: <u>11</u>	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: <u>1</u>
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: <u>1</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory			
CONTAINERS	Satisfactory			
WELLHEAD	Satisfactory			

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
WELLHEAD	Satisfactory			
SEPARATOR	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	2	Satisfactory			
Horizontal Heated Separator	9	Satisfactory			
Ancillary equipment	1	Satisfactory	Well treatment chemical tote at wells		
Bird Protectors	5	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	400 BBLS	STEEL AST	39.565350,108.178630
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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action			Corrective Date	
Comment				

Facilities:		<input type="checkbox"/> 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:	
<u>Paint</u>				
Condition	Adequate			
Other (Content) _____				
Other (Capacity) _____				
Other (Type) _____				
<u>Berms</u>				
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

Predrill				
Location ID: 335880				
Site Preparation:				
Lease Road Adeq.: _____		Pads: _____		Soil Stockpile: _____
Corrective Action: _____			Date: _____	CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Agency	yokleyb	Reserve pit must be lined.	02/10/2010
Agency	yokleyb	The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1.	02/10/2010
Agency	yokleyb	Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations. If fluids are conveyed via pipeline, operator must implement best management practices to contain any unintentional release of fluids.	02/10/2010
Agency	kubeczkod	Conduct well site visitations to portions of the day between 9:00 a.m. and 4:00 p.m. during lekking season (March 1 to May 15).	03/15/2010
Agency	kubeczkod	Conduct post-development well site visitations between the hours of 10:00 a.m. and 3:00 p.m. and reduce well site visitations between December 1 and April 15 in elk production areas.	03/15/2010
Agency	kubeczkod	Use certified, weed free grass hay, straw, hay or other mulch material used for the reseeding and reclamation of disturbed areas.	03/15/2010
Agency	kubeczkod	Reclaim/restore greater sage-grouse habitat and other wildlife appropriate to the ecological site. Since this pad is on Private Surface, Marathon will reclaim/restore vegetation as requested by the surface owners.	03/15/2010
Agency	yokleyb	No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. The entire base of the pit must be in cut.	02/10/2010

Comment: No drilling activity. Tank battery has a lined metal berm

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: 292004 Type: WELL API Number: 045-14565 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292482 Type: WELL API Number: 045-14735 Status: WO Insp. Status: WO

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: _____

Facility ID: 292483 Type: WELL API Number: 045-14734 Status: WO Insp. Status: WO

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: _____

Facility ID: 292484 Type: WELL API Number: 045-14733 Status: WO Insp. Status: WO

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: _____

Facility ID: 292485 Type: WELL API Number: 045-14732 Status: WO Insp. Status: WO

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: _____

Facility ID: 292486 Type: WELL API Number: 045-14731 Status: WO Insp. Status: WO

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: _____

Facility ID: 292487 Type: WELL API Number: 045-14730 Status: WO Insp. Status: WO

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: _____

Facility ID: 292490 Type: WELL API Number: 045-14736 Status: WO Insp. Status: WO

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: _____

Facility ID: 295328 Type: WELL API Number: 045-15720 Status: WO Insp. Status: WO

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: _____

Facility ID: 416245 Type: WELL API Number: 045-19245 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 418916 Type: WELL API Number: 045-19829 Status: XX Insp. Status: ND

Facility ID: 418918 Type: WELL API Number: 045-19830 Status: XX Insp. Status: ND

Facility ID: 418921 Type: WELL API Number: 045-19831 Status: XX Insp. Status: ND

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: RANGELAND

Comment: _____

- 1003a. Debris removed? Pass CM _____
 CA _____ CA Date _____
- Waste Material Onsite? 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 removed? Pass CM _____
 CA _____ CA Date _____
- Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? In Production areas stabilized ? Pass

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? Fail

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 Fail

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
Berms	Pass	Check Dams	Pass	MHSP	Pass	secondary containment
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Ditches	Fail			
Seeding		Gravel	Pass			
Ditches	Pass	Culverts	Pass			

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____