

**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

Inspection Date:

05/25/2016

Document Number:

685300574

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	215018	325567	St John, William (Cal)	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 96735Name of Operator: WILLIFORD RESOURCES, L.L.C.Address: 6506 S LEWIS AVE STE 102City: TULSA State: OK Zip: 74136

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED
- ☒ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Labowskie, Steve		steve.labowskie@state.co.us	COGCC
Callahan, Linda	918-749-8828	lcallahan3@swbell.net	SW Inspection Reports
Stevens, Glenn	970-749-0192	glennstevens@centurylink.net	SW Inspection Reports

Compliance Summary:QtrQtr: SENW Sec: 1 Twp: 33N Range: 12W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/04/2014	667700321	PR	PR	SATISFACTORY	I		No
11/11/2008	200198503	PR	PR	SATISFACTORY			No
01/03/2008	200124358	PR	PR	SATISFACTORY			No
07/25/1997	500148286	PR	PR			Pass	No
05/31/1996	500148285	PR	PR			Pass	No
07/14/1995	500148284	PR	PR				No

Inspector Comment:

This inspection report contains corrective actions and comments. See Good Housekeeping, Equipment, and Interim Reclamation Sections of report for additional comments. See link at end of report for path to downloadable pictures.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
215018	WELL	PR	12/03/1982	OW	067-06623	M & M 2	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: St John, William (Cal)

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

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	ACTION REQUIRED	AC equipment (Power panel and motor) laying on the ground at backside of Pump Jack. Oil coated scubber at front of Pump Jack. Similiar issues identified in previous 04/04/2014 inspection document number 667700321.	Remove unused equipment to comply with Rule 603.f using the Rule 603.f guidance document for further details.	06/30/2016

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Equipment:

Type: Ancillary equipment	# 1	Satisfactory/Action Required: SATISFACTORY
Comment	Wellhead	
Corrective Action		Date:
Type: Pump Jack	# 1	Satisfactory/Action Required: SATISFACTORY

Comment			
Corrective Action		Date:	
Type: Prime Mover	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		Electric Motor	
Corrective Action		Date:	
Type: Flow Line	# 1	Satisfactory/Action Required:	ACTION REQUIRED
Comment		Gas is bubbling up through the oil that is standing on top of the hammer. Similiar issue was noted in 04/04/2016 inspection document number 667700321.	
Corrective Action		Repair leak by securely fastening all valves, pipes, and fittings to ensure good mechanical condition to comply with Rule 605.d.	Date: 6/30/2016
Type: Deadman # & Marked	# 4	Satisfactory/Action Required:	ACTION REQUIRED
Comment		Only 2 of four deadmen marked. Similiar issue identified in 04/04/2014 inspection document number 667700321.	
Corrective Action		Mark or remove deadmen to comply with Rule 1003.a	Date: 6/30/2016

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS

S/AR

Comment: Remote Facilities

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 NO

Comment

Flaring:

Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 215018

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**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: 215018 Type: WELL API Number: 067-06623 Status: PR Insp. Status: PR

Producing Well

Comment: Production data reflects well as PR with production reported March 2016.

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. Waste and Debris removed? 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 marked? Pass

CM _____

CA _____ CA Date _____

1003b. Area no longer in use? PassProduction areas stabilized ? Pass1003c. Compacted areas have been cross ripped? Pass1003d. Drilling pit closed? PassSubsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? InProduction areas have been stabilized? PassSegregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**Cropland

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-CroplandTop soil replaced PassRecontoured Pass80% Revegetation In1003 f. Weeds Noxious weeds? IComment: **Dead weed stalks are evidence of weed growth. New growth has started and weed control measures are needed to control weeds on location.**

Inspector Name: St John, William (Cal)

Overall Interim Reclamation In Process

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 _____ Well Release on Active Location ☐ Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			

S/A/V: SATISFACTOR Y _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
685300574	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3867876
685300587	AC Equipment and electric motor	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3867866
685300588	Oil covered scrubber and pipe	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3867867
685300589	Dried weed stalks	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3867868