

**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:  
685300575  
Overall Inspection:  
**ACTION REQUIRED**

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>215113</u>	<u>325618</u>	<u>St John, William (Cal)</u>	<input type="checkbox"/>	

**Operator Information:**

OGCC Operator Number: 96735  
 Name of Operator: WILLIFORD RESOURCES, L.L.C.  
 Address: 6506 S LEWIS AVE STE 102  
 City: 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
Stevens, Glenn	970-749-0192	glennstevens@centurylink.net	SW Inspection Reports
Labowskie, Steve		steve.labowskie@state.co.us	COGCC
Callahan, Linda	918-749-8828	lcallahan3@swbell.net	SW Inspection Reports

**Compliance Summary:**

QtrQtr: NWNW 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)
07/25/1997	500148500	ID	SI			Pass	No
06/11/1996	500148499	CO	SI			Pass	No
05/31/1996	500148498	ID	TA			Pass	No
05/23/1996	500148497	MT	SI			Pass	No
07/14/1995	500148496	ID	TA				No

**Inspector Comment:**

Inspection report contains corrective actions and comments. See Signs/Mark, Good Housekeeping, and Equipment 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
115447	PIT		09/23/1999		-	M&M 5	<input type="checkbox"/>
215113	WELL	PR	12/02/2015	OW	067-06718	M&M 5	SI <input checked="" 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**

<b>Lease Road:</b>				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

<b>Signs/Marker:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	<b>ACTION REQUIRED</b>	No sign at location or on wellhead.	Install sign to comply with rule 210.b	<b>07/29/2016</b>

Emergency Contact Number (S/AR):         ACTION         Corrective Date:         06/30/2016        

Comment: **No sign with emergency contact information at location.**

Corrective Action: **Install sign to comply with Rule 210.b**

<b>Good Housekeeping:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	<b>ACTION REQUIRED</b>	Part of the wellhead tree disconnected and left on the ground. The flowline that goes into the the ground is full to the rim with oil left open and not capped or plugged. It has been leaking onto the ground staining soil.	(1.) Securely fasten all valves, pipes, and fittings to ensure good mechanical condition per Rule 605.d. (2.) Clean up and remediate contaminated soil per Rule 906.a.	06/30/2016

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

<b>Fencing/:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
PUMP JACK	SATISFACTORY	Steel safety barrier fence		

<b>Equipment:</b>				
Type: Other	# 2	Satisfactory/Action Required: SATISFACTORY		
Comment	There are 2 pipe stubs that come up out of the ground with in the perimeter location that are not capped or plugged. Unkown source or tie in. Unkown purpose.			
Corrective Action				Date:
Type: Prime Mover	# 1	Satisfactory/Action Required: SATISFACTORY		

Comment	Natural Gas Motor		
Corrective Action			Date:
Type: Flow Line	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	Portable Propane/gas tank. No placards or labels on tank.		
Corrective Action			Date:
Type: Deadman # & Marked	# 4	Satisfactory/Action Required:	ACTION REQUIRED
Comment	Deadmen not marked.		
Corrective Action	Locate and mark deadmen per Rule 1003.a.		Date: 6/30/2016
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:

**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: _____
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**Predrill**

Location ID: 215113  
 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: 215113 Type: WELL API Number: 067-06718 Status: PR Insp. Status: SI

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_  
 S/A/V: \_\_\_\_\_ CA Date: \_\_\_\_\_  
 CA: \_\_\_\_\_  
 Comment: Pump Jack not running and part of tree disconnected at time of inspection. Successful MIT was conducted on 01/20/2011. No production was reported following MIT until 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? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? Pass

1003d. Drilling pit closed? Pass Subsidence 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? In

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

**RESTORATION AND REVEGETATION**

Cropland

Inspector Name: St John, William (Cal)

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

**Non-Cropland**

Top soil replaced Pass Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? \_\_\_\_\_ P \_\_\_\_\_

Comment: \_\_\_\_\_

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 Corrective Date: \_\_\_\_\_

Y

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
685300575	INSPECTION APPROVED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3867877">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3867877</a>
685300590	Uncapped line.	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3867869">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3867869</a>
685300591	Portable tank	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3867870">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3867870</a>
685300592	Pipe stub 1	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3867871">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3867871</a>
685300593	Pipe stub 2	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3867872">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3867872</a>