

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:
08/19/2016
Document Number:
685301167
Overall Inspection:
ACTION REQUIRED

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|-------------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>214178</u> | <u>325164</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 |
|------------------|--------------|------------------------------|-----------------------|
| Labowskie, Steve | | steve.labowskie@state.co.us | COGCC |
| Stevens, Glenn | 970-749-0192 | glennstevens@centurylink.net | SW Inspection Reports |
| Callahan, Linda | 918-749-8828 | lcallahan3@swbell.net | SW Inspection Reports |

Compliance Summary:

QtrQtr: NWNW Sec: 7 Twp: 33N Range: 11W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 05/28/2015 | 667100612 | PR | PR | ACTION REQUIRED | Fail | | No |
| 05/07/2013 | 669400648 | PR | PR | SATISFACTORY | Pass | | No |
| 07/29/2010 | 200264729 | PR | SI | SATISFACTORY | | | No |
| 02/04/2003 | 200036201 | PR | PR | ACTION REQUIRED | | Fail | Yes |
| 10/12/2001 | 200022331 | PR | PR | SATISFACTORY | | Pass | No |
| 07/08/1997 | 500146912 | PR | PR | | | Pass | No |
| 08/26/1996 | 500146911 | PR | PR | | | Pass | No |
| 11/10/1995 | 500146910 | PR | PR | | | | No |

Inspector Comment:

This report contains corrective actions and comments. See Good Housekeeping, Spills, and Equipment Sections of report for additional details. 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 |
|-------------|------|--------|-------------|------------|-----------|-------------------|--|
| 115503 | PIT | | 09/23/1999 | | - | LONG & SCHLUTER 1 | <input type="checkbox"/> |
| 115504 | PIT | | 09/23/1999 | | - | LONG & SCHLUTER 2 | <input type="checkbox"/> |
| 214178 | WELL | PR | 01/01/2011 | OW | 067-05498 | LONG & SCHLUTER 1 | PR <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

Lease Road:

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|--------|------------------------------|---------|-------------------|------|
| Access | SATISFACTORY | | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------------------|------------------------------|---------|-------------------|---------|
| TANK LABELS/PLACARDS | SATISFACTORY | | | |
| 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 | Sections of sucker rod at wellhead. | Remove rods to comply with Rule 603.f using the Rule 603.f guidance document for additional details. | 09/23/2016 |
| OTHER | ACTION REQUIRED | Stained soil inside pump jack base under gear reducer and brake area. | Clean up stained soil and remediate to comply with Rule 906.a. | 09/23/2016 |

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|-----------|----------|----------|--|------------|
| Crude Oil | WELLHEAD | <= 1 bbl | Repair stuffing box leak. Clean-up and remediate stained soil to comply with Rule 906.a. | 09/23/2016 |

Multiple Spills and Releases?

Fencing/:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-----------|------------------------------|-----------------------|-------------------|---------|
| PUMP JACK | SATISFACTORY | Safety Barrier | | |

Equipment:

| | | |
|-------------------|-----------------------|--|
| Type: Prime Mover | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment | Electric Motor | |
| Corrective Action | | Date: |
| Type: Pump Jack | # 1 | Satisfactory/Action Required: SATISFACTORY |

| | | | |
|---------------------------|-----|--|-----------------|
| Comment | | | |
| Corrective Action | | Date: | |
| Type: Ancillary equipment | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | Electric Service Equipment | |
| Corrective Action | | Date: | |
| Type: Flow Line | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | Date: | |
| Type: Ancillary equipment | # 1 | Satisfactory/Action Required: | ACTION REQUIRED |
| Comment | | Wellheads - Stugging box is leaking. | |
| Corrective Action | | Repair stuffing box to comply with Rule 605.d. | |
| | | Date: 9/23/2016 | |

Tanks and Berms: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|--------------------|--------------|----------|------------------|--------|
| CRUDE OIL | 1 | 300 BBLS | STEEL AST | , |
| S/AR | SATISFACTORY | Comment: | | |
| Corrective Action: | | | Corrective Date: | |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------------------|----------|---------------------|---------------------|-------------|
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate |
| Corrective Action | | | Corrective Date | |
| Comment | | | | |

Venting:

| | |
|---------|----|
| Yes/No | NO |
| Comment | |

Flaring:

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

Predrill

Location ID: 214178

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: 214178 Type: WELL API Number: 067-05498 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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? _____

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 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 _____ 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | Gravel | Pass | | | |
| Compaction | Pass | Compaction | Pass | | | |

S/A/V: SATISFACTORY 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 |
|--------------|------------------------------------|---|
| 685301188 | Stained soil at wellhead | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3933623 |
| 685301190 | Sucker rod sections at wellhead | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3933624 |
| 685301191 | Stained soil inside pump jack base | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3933625 |