

**FORM
INSP**Rev
05/11**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
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Inspection Date:

04/16/2012

Document Number:

668500032

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: Baroumand, Soraya
	261804	324178		

Operator Information:OGCC Operator Number: 96850 Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLCAddress: 1001 17TH STREET - SUITE #1200City: DENVER State: CO Zip: 80202**Contact Information:**

Contact Name	Phone	Email	Comment
Shoemaker, Mike	(970) 285-9377	mike.shoemaker@williams.com	Environmental Lead
Moss, Brad	(970) 285-9377	Brad.Moss@Williams.com	Operations

Compliance Summary:QtrQtr: NWNE Sec: 2 Twp: 7S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/06/2009	200205365	PR	PR	S			N
09/09/2008	200201733	PR	PR	S			N
01/24/2007	200107137	PR	PR	U	I	F	Y
02/24/2003	200036557	PR	PR	S		P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
261804	WELL	PR	04/27/2002	GW	045-07981	AMERICAN SODA GM 252-2	<input checked="" type="checkbox"/>
264048	LEASE	PR	06/04/2002		-	AMERICAN SODA GM 252-2	<input type="checkbox"/>
324178	LOCATION	AC	04/14/2009		-	AMERICAN SODA-67S96W 2NWNE	<input 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

Inspector Name: Baroumand, Soraya

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	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
TANK BATTERY	Satisfactory	4' welded-wire		
SEPARATOR	Satisfactory	4' welded-wire		
WELLHEAD	Satisfactory	metal pipe		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors		Satisfactory			
Horizontal Heater Treater		Satisfactory			

Tanks/Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	STEEL AST	,

S/U/V: Satisfactory Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition	Adequate
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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	Comment	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 324178

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Wildlife BMPs:****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:**Well**

Facility ID: 261804 API Number: 045-07981 Status: PR Insp. Status: PR

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Date: _____

Inspector Name: Baroumand, Soraya

Corrective Action: _____		
Reportable: _____	GPS: Lat _____	Long _____
Proximity to Surface Water: _____		Depth to Ground Water: _____
Water Well:		
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.	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? _____ CM _____	
	CA _____	CA Date _____
	Guy line anchors marked? <u>Pass</u> 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? <u>Pass</u>	
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? <u>Pass</u>	
	Production areas have been stabilized? _____	Segregated soils have been replaced? _____
RESTORATION AND REVEGETATION		
<u>Cropland</u>		
	Top soil replaced _____	Recontoured _____ Perennial forage re-established _____
<u>Non-Cropland</u>		

Inspector Name: Baroumand, Soraya

Top soil replaced Pass

Recontoured Pass

80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

Comment: Good vegetative density observed and consists of native shrubs and grasses.

Overall Interim Reclamation Pass

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

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
				MHSP	Pass	net & secondary containment for chemical tank
Ditches	Pass					
Other	Pass					vegetation

S/U/V: Satisfactory

Corrective Date: _____

Comment: _____

CA: _____