


FORM INSP Rev 05/11	State of Colorado				DE	ET	OE	ES
	Oil and Gas Conservation Commission				Inspection Date: <u>05/30/2012</u>			
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109								

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>LONGWORTH, MIKE</u>
	<u>335600</u>	<u>335600</u>		

Document Number:
663800364

Overall Inspection:
Satisfactory

Operator Information:

OGCC Operator Number: 96850 Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Address: 1001 17TH STREET - SUITE #1200

City: DENVER State: CO Zip: 80202

Contact Information:

Contact Name	Phone	Email	Comment
Friesen, Kathy	970-285-2665	Kathy.Friesen@EnCana.com	

Compliance Summary:

QtrQtr: NWNE Sec: 26 Twp: 5S Range: 96W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
191	WELL	PR	01/31/2008	LO	045-15451	N PARACHUTE WF14D-23B26596	<input checked="" type="checkbox"/>
197	WELL	PR	01/31/2008	LO	045-15452	N PARACHUTE WF15D-23B26596	<input checked="" type="checkbox"/>
198	WELL	PR	01/31/2008	LO	045-15453	N PARACHUTE WF15C-26B26596	<input checked="" type="checkbox"/>
202	WELL	PR	05/31/2009	OW	045-15454	N PARACHUTE WF15B-23B26596	<input checked="" type="checkbox"/>
285052	WELL	XX	10/29/2008	LO	045-12362	ENCANA RPW 41-26-596	<input type="checkbox"/>
285064	WELL	PR	06/09/2006	GW	045-12367	N PARACHUTE WF02B-26B26596	<input checked="" type="checkbox"/>
285067	WELL	PR	06/09/2006	LO	045-12365	N PARACHUTE WF02D-26B26596	<input checked="" type="checkbox"/>
285068	WELL	PR	12/30/2008	GW	045-12366	N PARACHUTE WF01A-26B26596	<input checked="" type="checkbox"/>
285070	WELL	XX	10/29/2008	LO	045-12364	ENCANA RPW 441-26-596	<input type="checkbox"/>
285071	WELL	XX	10/29/2008	LO	045-12363	ENCANA RPW 431-26-596	<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					
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				
WELLHEAD	Satisfactory				
Emergency Contact Number: (S/U/V) <u>Satisfactory</u> Corrective Date: _____					
Comment: _____					
Corrective Action: _____					
Good Housekeeping:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
TRASH	Satisfactory				
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	Unsatisfactory		label all tanks per Rule 210.d.	06/29/2012	
SEPARATOR	Satisfactory				
WELLHEAD	Satisfactory				
Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	7	Satisfactory			
Plunger Lift	7	Satisfactory			
Bird Protectors	7	Satisfactory			
Dehydrator	1	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	5	300 BBLS	STEEL AST	,
S/U/V:	Satisfactory	Comment:		
Corrective Action:				Corrective Date:
Paint				
Condition	Adequate			
Other (Content)	_____			
Other (Capacity)	_____			
Other (Type)	_____			
Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	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: 335600

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____
 Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Comment: _____

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: 191 Type: WELL API Number: 045-15451 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 197 Type: WELL API Number: 045-15452 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 198 Type: WELL API Number: 045-15453 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 202 Type: WELL API Number: 045-15454 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 285064 Type: WELL API Number: 045-12367 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 285067 Type: WELL API Number: 045-12365 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 285068 Type: WELL API Number: 045-12366 Status: PR Insp. Status: PR

Producing Well

Comment:

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:

DWR Receipt Num: _____ Owner Name: _____ GPS: _____ Lat _____ Long _____

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: Moody Constr. closing pit

- 1003a. Debris removed? _____ CM _____
CA _____ CA Date _____
- Waste Material Onsite? _____ 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 removed? _____ 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 _____

Inspector Name: LONGWORTH, MIKE

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
Berms	Pass	Ditches	Pass			

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

Comment: _____

CA: _____