

**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



DE	ET	OE	ES
----	----	----	----

Inspection Date:

09/25/2012

Document Number:

663800510

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>297506</u>	<u>335043</u>		<u>LONGWORTH, MIKE</u>

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

Contact Name	Phone	Email	Comment
Moss, Brad	(970) 285-9377	Brad.Moss@wpxenergy.com	Production foreman

**Compliance Summary:**QtrQtr: SWNW Sec: 9 Twp: 7S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/05/2010	200292531	WS	WO	S			N

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
297501	WELL	PR	05/10/2011	LO	045-16870	Savage SR 23-9	X
297502	WELL	PR	07/31/2008	GW	045-16871	SAVAGE SR 422-9	X
297503	WELL	PR	05/10/2011	LO	045-16872	Savage SR 22-9	X
297504	WELL	PR	05/10/2011	LO	045-16873	Savage SR 322-9	X
297505	WELL	PR	04/16/2011	LO	045-16874	Savage SR 311-9	X
297506	WELL	PR	04/16/2011	LO	045-16875	Savage SR 312-9	X
297507	WELL	PR	02/28/2009	OW	045-16876	SAVAGE SR411-9	X
297508	WELL	PR	02/28/2009	OW	045-16877	SAVAGE SR12-9	X
297509	WELL	PR	08/16/2011	LO	045-16878	Savage SR 412-9	X
297510	WELL	PR	07/31/2008	GW	045-16879	SAVAGE SR 413-9	X
297511	WELL	PR	04/16/2011	LO	045-16880	Savage SR 11-9	X
297512	WELL	PR	02/01/2011	LO	045-16881	Savage SR 21-9	X
297513	WELL	PR	05/10/2011	LO	045-16882	Savage SR 313-9	X
297514	WELL	PR	04/16/2011	LO	045-16883	Savage SR 421-9	X
297515	WELL	PR	02/01/2011	LO	045-16884	Savage SR 321-9	X
422641	PIT	CL	11/22/2010		-	SR 12-9	

**Equipment:****Location Inventory**

Inspector Name: LONGWORTH, MIKE

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: _____

<b>Location</b>
-----------------

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

<b>Signs/Marker:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
CONTAINERS	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			

Emergency Contact Number: (S/U/V) _____	Satisfactory	Corrective Date: _____
Comment: _____		
Corrective Action: _____		

<b>Good Housekeeping:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TRASH	Satisfactory			

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

<b>Fencing/:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
LOCATION	Satisfactory			
TANK BATTERY	Satisfactory			
SEPARATOR	Satisfactory			

<b>Equipment:</b>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	15	Satisfactory			
Bird Protectors	9	Satisfactory			
Deadman # & Marked	1	Satisfactory	Maker needs to be replaced		
Horizontal Heated Separator	15	Satisfactory	3 quads 1 double 1 single		

<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	300 BBLS	STEEL AST	39.455320,107.899630	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
<b>Paint</b>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
<b>Venting:</b>					
Yes/No		Comment			
YES		bradens are venting			
<b>Flaring:</b>					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

**Predrill**

Location ID: 335043

**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: 297501 Type: WELL API Number: 045-16870 Status: PR Insp. Status: PR

**Producing Well**

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

Facility ID: 297502 Type: WELL API Number: 045-16871 Status: PR Insp. Status: PR

**Producing Well**Comment: Facility ID: 297503 Type: WELL API Number: 045-16872 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 297504 Type: WELL API Number: 045-16873 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 297505 Type: WELL API Number: 045-16874 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 297506 Type: WELL API Number: 045-16875 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 297507 Type: WELL API Number: 045-16876 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 297508 Type: WELL API Number: 045-16877 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 297509 Type: WELL API Number: 045-16878 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 297510 Type: WELL API Number: 045-16879 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 297511 Type: WELL API Number: 045-16880 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 297512 Type: WELL API Number: 045-16881 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 297513 Type: WELL API Number: 045-16882 Status: PR Insp. Status: PR**Producing Well**Comment:

Facility ID: 297514 Type: WELL API Number: 045-16883 Status: PR Insp. Status: PR

**Producing Well**Comment: 

Facility ID: 297515 Type: WELL API Number: 045-16884 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: 

1003a. Debris removed? Pass CM

CA CA Date

Waste Material Onsite? 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 removed? CM

CA CA Date

Guy line anchors marked? Pass CM

Date Final Reclamation Started: _____		Date Final Reclamation Completed: _____	
Final Land Use: _____			
Reminder: _____			
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
Corrective Action: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			Date _____
Overall Final Reclamation _____		Multi-Well Location <input type="checkbox"/>	

<b><u>Storm Water:</u></b>						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass	Berms	Pass			
Compaction	Pass	Check Dams	Pass			
		Gravel	Pass			
Seeding		Ditches	Pass			
		Rip Rap	Pass			
Gravel	Pass	Culverts	Pass			

Inspector Name: LONGWORTH, MIKE

Ditches	Pass	Compaction	Pass			
S/U/V: <u>Satisfactory</u> Corrective Date: _____						
Comment: _____						
CA: _____						
Permit:	Facility ID	Permit Num	Expiration Date			
	422641	2213258				