

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
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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>LONGWORTH, MIKE</u>
	<u>297506</u>	<u>335043</u>		

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
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

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
CONTAINERS	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory 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
WELLHEAD	Satisfactory			
LOCATION	Satisfactory			
TANK BATTERY	Satisfactory			
SEPARATOR	Satisfactory			

Equipment:

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		

Facilities:		<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:	
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				
YES	bradens are venting				
Flaring:					
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: <input type="text"/>									
Facility ID:	297503	Type:	WELL	API Number:	045-16872	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	297504	Type:	WELL	API Number:	045-16873	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	297505	Type:	WELL	API Number:	045-16874	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	297506	Type:	WELL	API Number:	045-16875	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	297507	Type:	WELL	API Number:	045-16876	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	297508	Type:	WELL	API Number:	045-16877	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	297509	Type:	WELL	API Number:	045-16878	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	297510	Type:	WELL	API Number:	045-16879	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	297511	Type:	WELL	API Number:	045-16880	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	297512	Type:	WELL	API Number:	045-16881	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	297513	Type:	WELL	API Number:	045-16882	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									

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 _____ CA _____ CA Date _____

CA _____ CA Date _____

1003b. Area no longer in use? In Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass 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? In

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 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 _____ Multi-Well Location

Storm Water:

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: Satisfactory		Corrective Date: _____				
Comment: _____						
CA: _____						

Permit:	Facility ID	Permit Num	Expiration Date
	422641	2213258	