

**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



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Inspection Date:

11/14/2012

Document Number:

663800581

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>LONGWORTH, MIKE</u>
	<u>300824</u>	<u>334873</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: SWSW Sec: 35 Twp: 6S Range: 94W**Inspector Comment:**

Inspection prompted by near by odor complaint. No odors were noticed at time of inspection.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
211318	WELL	PR	11/03/1996	GW	045-07078	SAVAGE RMV 48-35	<input checked="" type="checkbox"/>
300824	WELL	PR	08/31/2010	GW	045-18029	SAVAGE RWF 13-35	<input checked="" type="checkbox"/>
300825	WELL	PR	05/03/2011	GW	045-18030	SAVAGE RWF 513-35	<input checked="" type="checkbox"/>
300826	WELL	PR	03/11/2011	LO	045-18031	savage RWF 424-35	<input checked="" type="checkbox"/>
300827	WELL	PR	03/11/2011	LO	045-18032	SAVAGE RMV 69-35	<input checked="" type="checkbox"/>
300828	WELL	PR	03/11/2011	LO	045-18033	SAVAGE RWF 324-35	<input checked="" type="checkbox"/>
300829	WELL	PR	03/11/2011	LO	045-18034	SAVAGE RWF 423-35	<input checked="" type="checkbox"/>
300830	WELL	PR	03/11/2011	LO	045-18035	SAVAGE RWF 414-35	<input checked="" type="checkbox"/>
300831	WELL	PR	08/31/2010	GW	045-18036	SAVAGE RWF 314-35	<input checked="" type="checkbox"/>
300832	WELL	PR	01/01/2012	GW	045-18037	SAVAGE RWF 14-35	<input checked="" type="checkbox"/>
422636	PIT	CL	04/06/2011		-	RMV 48-35	<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
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory			
CONTAINERS	Satisfactory	2 totes of flowguard at wellheads		

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Unsatisfactory	Weed control needed along access road and in reclaim area.	CCut and control weeds	12/07/2012
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
SEPARATOR	Satisfactory			
TANK BATTERY	Satisfactory			
WELLHEAD	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Deadman # & Marked	12	Unsatisfactory	8 unmarked	Mark or remove deadmen	12/07/2012
Horizontal Heated Separator	10	Satisfactory			
Plunger Lift	10	Satisfactory			
Bird Protectors	6	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	2	300 BBLS	STEEL AST	39.475730,107.863270	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	300 BBLS	STEEL AST	,	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No	Comment				
YES	braden are open to vent				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 334873

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: 211318 Type: WELL API Number: 045-07078 Status: PR Insp. Status: PR

Producing Well

Comment: Odor complanant from near by home owner.

Complaint

Comment: _____

Inspector Name: LONGWORTH, MIKE

Facility ID:	300824	Type:	WELL	API Number:	045-18029	Status:	PR	Insp. Status:	PR
<u>Producing Well</u>									
Comment: <input type="text"/>									
<u>Complaint</u>									
Comment: <input type="text"/>									
Facility ID:	300825	Type:	WELL	API Number:	045-18030	Status:	PR	Insp. Status:	PR
<u>Producing Well</u>									
Comment: <input type="text"/>									
<u>Complaint</u>									
Comment: <input type="text"/>									
Facility ID:	300826	Type:	WELL	API Number:	045-18031	Status:	PR	Insp. Status:	PR
<u>Producing Well</u>									
Comment: <input type="text"/>									
<u>Complaint</u>									
Comment: <input type="text"/>									
Facility ID:	300827	Type:	WELL	API Number:	045-18032	Status:	PR	Insp. Status:	PR
<u>Producing Well</u>									
Comment: <input type="text"/>									
<u>Complaint</u>									
Comment: <input type="text"/>									
Facility ID:	300828	Type:	WELL	API Number:	045-18033	Status:	PR	Insp. Status:	PR
<u>Producing Well</u>									
Comment: <input type="text"/>									
<u>Complaint</u>									
Comment: <input type="text"/>									
Facility ID:	300829	Type:	WELL	API Number:	045-18034	Status:	PR	Insp. Status:	PR
<u>Producing Well</u>									
Comment: <input type="text"/>									
<u>Complaint</u>									
Comment: <input type="text"/>									
Facility ID:	300830	Type:	WELL	API Number:	045-18035	Status:	PR	Insp. Status:	PR
<u>Producing Well</u>									
Comment: <input type="text"/>									
<u>Complaint</u>									
Comment: <input type="text"/>									
Facility ID:	300831	Type:	WELL	API Number:	045-18036	Status:	PR	Insp. Status:	PR
<u>Producing Well</u>									
Comment: <input type="text"/>									

ComplaintComment:

Facility ID: 300832 Type: WELL API Number: 045-18037 Status: PR Insp. Status: PR

Producing WellComment: **Complaint**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? Fail CM

CA Mark or remove anchors CA Date 12/07/2012

Guy line anchors marked? Fail CM _____
CA Mark or remove anchors CA Date 12/07/2012

1003b. Area no longer in use? In Production areas stabilized ? Pass
1003c. Compacted areas have been cross ripped? Pass
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? I

Comment: _____

Overall Interim Reclamation In Process

Date Final Reclamation Started: _____	Date Final Reclamation Completed: _____
Final Land Use: _____	
Reminder: _____	
Comment: <div style="border: 1px solid black; height: 30px; 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: 30px; width: 100%;"></div>	
Corrective Action: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Date _____
Overall Final Reclamation <input type="checkbox"/>	Multi-Well Location <input type="checkbox"/>

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Waddles	Pass	Gravel	Pass			
Gravel	Pass	Ditches	Pass			
Drains	Pass	Culverts	Pass			
Compaction	Pass	Compaction	Pass			
Berms	Pass	Berms	Pass			

Inspector Name: LONGWORTH, MIKE

S/U/V: Satisfactory Corrective Date:

Comment:

CA:

Permit:	Facility ID	Permit Num	Expiration Date
	422636	2213253	

COGCC Comments

Comment	User	Date
Inspection prompted by near by odor complaint. No odors were noticed at time of inspection.	longworm	11/14/2012