

**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:

01/04/2013

Document Number:

663800658

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>279725</u>	<u>335572</u>		<u>LONGWORTH, MIKE</u>

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
AHLSTRAND, DENNIS		dennis.ahlstrand@state.co.us	
Moss, Brad	(970) 285-9377	Brad.Moss@wpxenergy.com	Production foreman

Compliance Summary:QtrQtr: NWNE Sec: 15 Twp: 6S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/17/2010	200237464	PR	PR	S			N
03/11/2008	200128027	PR	PR	S			N
09/24/2007	200123703	PR	PR	S	I		N
03/05/2007	200106308	PR	PR	S	I	P	N
03/03/2006	200088682	DG	ND	S		P	N

Inspector Comment:

Added McNary 106 (api 045-06223 loc id 322424) to loc id 335572

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
210467	WELL	PR			045-06223	MCNARY 106	X
279725	WELL	PR	08/02/2006	GW	045-11082	CLOUGH RWF 341-15	X
279985	WELL	PR	06/08/2006	GW	045-11129	CLOUGH RWF 332-15	X
279987	WELL	PR	06/08/2006	GW	045-11130	CLOUGH RWF 432-15	X
279988	WELL	PR	09/13/2005	GW	045-11131	CLOUGH RWF 431-15	X
279991	WELL	PR	08/03/2006	GW	045-11132	CLOUGH RWF 531-15	X
279993	WELL	PR	05/30/2006	GW	045-11133	CLOUGH RWF 541-15	X
279994	WELL	PR	08/01/2006	GW	045-11134	CLOUGH RWF 41-15	X
279995	WELL	PR	06/08/2006	GW	045-11135	CLOUGH RWF 32-15	X
279998	WELL	PR	09/13/2005	GW	045-11136	CLOUGH RWF 542-15	X
280000	WELL	PR	09/13/2005	GW	045-11137	CLOUGH RWF 31-15	X
280002	WELL	PR	09/13/2005	GW	045-11138	CLOUGH RWF 331-15	X
280004	WELL	PR	06/08/2006	GW	045-11139	CLOUGH RWF 42-15	X

Inspector Name: LONGWORTH, MIKE

280005	WELL	PR	09/12/2006	GW	045-11140	CLOUGH RWF 342-15	<input checked="" type="checkbox"/>
280006	WELL	PR	09/13/2005	GW	045-11141	CLOUGH RWF 442-15	<input checked="" type="checkbox"/>
280018	WELL	PR	08/02/2006	GW	045-11153	CLOUGH RWF 441-15	<input checked="" type="checkbox"/>
280019	WELL	PR	06/08/2006	GW	045-11154	CLOUGH RWF 532-15	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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**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: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Satisfactory	Continue weed removal and control		

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
SEPARATOR	Satisfactory			
TANK BATTERY	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	16	Satisfactory			
Deadman # & Marked	5	Satisfactory			
Gas Meter Run	1	Satisfactory			
Bird Protectors	10	Satisfactory			
Horizontal Heated Separator	16	Satisfactory			

Facilities:		<input type="checkbox"/> 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:	
<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					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	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					

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	1	400 BBLS	STEEL AST	39.529400,107.871630	
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	
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: 335572

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: 210467 Type: WELL API Number: 045-06223 Status: PR Insp. Status: PR

Producing Well

Comment: Added this well to this inspection and loc id. 335572

Facility ID: 279725 Type: WELL API Number: 045-11082 Status: PR Insp. Status: PR

Producing Well				
Comment: <input type="text"/>				
Facility ID: 279985	Type: WELL	API Number: 045-11129	Status: PR	Insp. Status: PR
Producing Well				
Comment: <input type="text"/>				
Facility ID: 279987	Type: WELL	API Number: 045-11130	Status: PR	Insp. Status: PR
Producing Well				
Comment: <input type="text"/>				
Facility ID: 279988	Type: WELL	API Number: 045-11131	Status: PR	Insp. Status: PR
Producing Well				
Comment: <input type="text"/>				
Facility ID: 279991	Type: WELL	API Number: 045-11132	Status: PR	Insp. Status: PR
Producing Well				
Comment: <input type="text"/>				
Facility ID: 279993	Type: WELL	API Number: 045-11133	Status: PR	Insp. Status: PR
Producing Well				
Comment: <input type="text"/>				
Facility ID: 279994	Type: WELL	API Number: 045-11134	Status: PR	Insp. Status: PR
Producing Well				
Comment: <input type="text"/>				
Facility ID: 279995	Type: WELL	API Number: 045-11135	Status: PR	Insp. Status: PR
Producing Well				
Comment: <input type="text"/>				
Facility ID: 279998	Type: WELL	API Number: 045-11136	Status: PR	Insp. Status: PR
Producing Well				
Comment: <input type="text"/>				
Facility ID: 280000	Type: WELL	API Number: 045-11137	Status: PR	Insp. Status: PR
Producing Well				
Comment: <input type="text"/>				
Facility ID: 280002	Type: WELL	API Number: 045-11138	Status: PR	Insp. Status: PR
Producing Well				
Comment: <input type="text"/>				
Facility ID: 280004	Type: WELL	API Number: 045-11139	Status: PR	Insp. Status: PR
Producing Well				
Comment: <input type="text"/>				

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Facility ID: 280005 Type: WELL API Number: 045-11140 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 280006 Type: WELL API Number: 045-11141 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 280018 Type: WELL API Number: 045-11153 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 280019 Type: WELL API Number: 045-11154 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 _____

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? _____

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? P

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 ☐

Inspector Name: LONGWORTH, MIKE

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Seeding		Ditches	Pass			
Gravel	Pass	Culverts	Pass			
		Gravel	Pass			
Berms	Pass	Berms	Pass			
Compaction	Pass	Compaction	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

COGCC Comments		
Comment	User	Date
Added McNary 106 (api 045-06223 loc id 322424) to loc id 335572	longworm	01/04/2013