

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:
01/31/2013

Document Number:
670200073

Overall Inspection:
Unsatisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>BURGER, CRAIG</u>
	<u>298009</u>	<u>338293</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/ (719) 429-3529	Brad.Moss@WPXEnergy.com	Production foreman
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor

Compliance Summary:

QtrQtr: SESW Sec: 17 Twp: 6S Range: 91W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
210598	WELL	PA	01/19/2005	GW	045-06354	JOLLEY 1C 17	
210954	WELL	PA	11/01/1992	GW	045-06712	JOLLEY-NEWCASTLE 17-14	
295979	WELL	PR	05/31/2011	GW	045-15859	Jolley KP 523-17	X
298007	WELL	PR	05/31/2011	GW	045-17025	Jolley KP 624-17	X
298008	WELL	AL	09/19/2011	LO	045-17026	JOLLEY KP 324-17	
298009	WELL	PR	05/01/2011	GW	045-17027	Jolley KP 24-17	X
299443	WELL	PR	04/01/2011	GW	045-17677	JOLLEY KP 414-17	X
299444	WELL	PR	04/01/2011	GW	045-17678	JOLLEY KP 514-17	X
299445	WELL	PR	04/30/2011	GW	045-17679	Jolley KP 314-17	X
299446	WELL	PR	04/30/2011	GW	045-17680	Jolley KP 14-17	X
299902	WELL	PR	05/01/2011	GW	045-17769	Jolley KP 524-17	X

Equipment:

Location Inventory

Special Purpose Pits: <u>1</u>	Drilling Pits: <u> </u>	Wells: <u>10</u>	Production Pits: <u> </u>
Condensate Tanks: <u>4</u>	Water Tanks: <u>4</u>	Separators: <u>8</u>	Electric Motors: <u> </u>
Gas or Diesel Mortors: <u> </u>	Cavity Pumps: <u> </u>	LACT Unit: <u> </u>	Pump Jacks: <u> </u>
Electric Generators: <u> </u>	Gas Pipeline: <u>1</u>	Oil Pipeline: <u> </u>	Water Pipeline: <u>1</u>
Gas Compressors: <u> </u>	VOC Combustor: <u> </u>	Oil Tanks: <u> </u>	Dehydrator Units: <u> </u>
Multi-Well Pits: <u> </u>	Pigging Station: <u> </u>	Flare: <u> </u>	Fuel Tanks: <u> </u>

Location

Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			
Main	Satisfactory			

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Unsatisfactory	signs and fence staged by separators	Install sign to comply with rule 210.b.	02/15/2013
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			

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

Comment: _____

Corrective Action: _____

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	wire		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	9	Satisfactory	could not tell if vert separator has bird protector		
Vertical Heated Separator	1	Satisfactory			
Horizontal Heated Separator	6	Unsatisfactory		provide berm around separators	02/22/2013
Emission Control Device	1	Satisfactory			
Plunger Lift	7	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	39.522290,-107.580070
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
PRODUCED WATER	4	300 BBLS	STEEL AST	,
S/U/V:	Satisfactory		Comment: same berm as condensate tanks	
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

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill				
Location ID: 338293				
Site Preparation:				
Lease Road Adeq.:	Pads:	Soil Stockpile:		
Corrective Action:	Date:	CDP Num.:		

Form 2A COAs:

Group	User	Comment	Date
Agency	kubeczkod	A closed loop system must be implemented.	05/25/2010
Agency	kubeczkod	The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1.	05/25/2010
Agency	kubeczkod	Production pits must be lined.	05/25/2010
Agency	kubeczkod	Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations. If fluids are conveyed via pipeline, operator must implement best management practices to contain any unintentional release of fluids.	05/25/2010
Agency	kubeczkod	Location is in close proximity to surface water; therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations.	05/25/2010
Agency	kubeczkod	Operator must implement best management practices to contain any unintentional release of fluids.	05/17/2010

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: _____
<u>Summary of Landowner Issues:</u>		
<u>Summary of Operator Response to Landowner Issues:</u>		
<u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u>		

Facility

Facility ID: <u>295979</u>	Type: <u>WELL</u>	API Number: <u>045-15859</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Producing Well

Comment:

Facility ID: <u>298007</u>	Type: <u>WELL</u>	API Number: <u>045-17025</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Producing Well

Comment:

Facility ID: <u>298009</u>	Type: <u>WELL</u>	API Number: <u>045-17027</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Producing Well

Comment:

Facility ID: <u>299443</u>	Type: <u>WELL</u>	API Number: <u>045-17677</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Producing Well

Comment:

Facility ID: <u>299444</u>	Type: <u>WELL</u>	API Number: <u>045-17678</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Producing Well

Comment:

Facility ID: <u>299445</u>	Type: <u>WELL</u>	API Number: <u>045-17679</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Producing Well

Comment:

Facility ID: <u>299446</u>	Type: <u>WELL</u>	API Number: <u>045-17680</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Producing Well

Comment:

Facility ID: <u>299902</u>	Type: <u>WELL</u>	API Number: <u>045-17769</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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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: _____ Lat _____ Long _____
 DWR Receipt Num: _____ Owner Name: _____ GPS : _____

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: RANGELAND
 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? _____ 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? _____ P _____
 Comment:

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____
 Final Land Use: RANGELAND _____
 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
Compaction	Pass	Compaction	Pass	MHSP	Pass	

S/U/V: Corrective Date:
 Comment:
 CA: