

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:
663800737

Overall Inspection:
Unsatisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>LONGWORTH, MIKE</u>
	<u>283422</u>	<u>335042</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: NENE Sec: 26 Twp: 7S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/30/2010	200240060	PR	WO	S			N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
283419	WELL	PR	07/31/2010	GW	045-11921	FEDERAL SG 341-26	X
283420	WELL	PR	07/31/2010	GW	045-11923	FEDERAL SG 541-26	X
283421	WELL	PR	07/31/2010	GW	045-11922	FEDERAL SG 41-26	X
283422	WELL	PR	07/31/2010	GW	045-11920	FEDERAL SG 441-26	X
296293	WELL	PR	07/31/2010	GW	045-15976	FEDERAL SG 42-26	X
296294	WELL	PR	07/31/2010	GW	045-15977	FEDERAL SG 442-26	X
296295	WELL	PR	07/31/2010	GW	045-15978	FEDERAL SG 342-26	X
296296	WELL	PR	07/31/2010	GW	045-15979	FEDERAL SG 542-26	X
412012	WELL	PR	01/11/2010	GW	045-18419	FEDERAL SG 534-23	X

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
TANK LABELS/PLACARDS	Unsatisfactory	Tank at wellheads has no signs or labels	Install sign to comply with rule 210.b.	02/22/2013
BATTERY	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 control		

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			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	5	Satisfactory			
Horizontal Heated Separator	9	Unsatisfactory	Black staining at the base of the north quad separator	Clean up around separators	02/22/2013
Plunger Lift	9	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
OTHER	1	<100 BBLS	STEEL AST	39.412330,108.069440	
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	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment: Tank to bleed off braden					

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	2	300 BBLS	STEEL AST	39.410960,108.070890	
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				
YES	SG342-26 Venting off to a 80bbl tank				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 335042

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: 283419 Type: WELL API Number: 045-11921 Status: PR Insp. Status: PR

Producing Well

Comment: PR well on plungewr lift

Facility ID: 283420 Type: WELL API Number: 045-11923 Status: PR Insp. Status: PR

Producing Well									
Comment: <input type="text" value="PR well on plungewr lift"/>									
Facility ID:	<u>283421</u>	Type:	<u>WELL</u>	API Number:	<u>045-11922</u>	Status:	<u>PR</u>	Insp. Status:	<u>PR</u>
Producing Well									
Comment: <input type="text" value="PR well on plungewr lift"/>									
Facility ID:	<u>283422</u>	Type:	<u>WELL</u>	API Number:	<u>045-11920</u>	Status:	<u>PR</u>	Insp. Status:	<u>PR</u>
Producing Well									
Comment: <input type="text" value="PR well on plungewr lift"/>									
Facility ID:	<u>296293</u>	Type:	<u>WELL</u>	API Number:	<u>045-15976</u>	Status:	<u>PR</u>	Insp. Status:	<u>PR</u>
Producing Well									
Comment: <input type="text" value="PR well on plungewr lift"/>									
Facility ID:	<u>296294</u>	Type:	<u>WELL</u>	API Number:	<u>045-15977</u>	Status:	<u>PR</u>	Insp. Status:	<u>PR</u>
Producing Well									
Comment: <input type="text" value="PR well on plungewr lift"/>									
Facility ID:	<u>296295</u>	Type:	<u>WELL</u>	API Number:	<u>045-15978</u>	Status:	<u>PR</u>	Insp. Status:	<u>PR</u>
Producing Well									
Comment: <input type="text" value="PR well on plungewr lift. Braden is tied into a 80 bbl tank"/>									
Facility ID:	<u>296296</u>	Type:	<u>WELL</u>	API Number:	<u>045-15979</u>	Status:	<u>PR</u>	Insp. Status:	<u>PR</u>
Producing Well									
Comment: <input type="text" value="PR well on plungewr lift"/>									
Facility ID:	<u>412012</u>	Type:	<u>WELL</u>	API Number:	<u>045-18419</u>	Status:	<u>PR</u>	Insp. Status:	<u>PR</u>
Producing Well									
Comment: <input type="text" value="PR well on plungewr lift"/>									

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? Pass CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

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? _____

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: _____

Inspector Name: LONGWORTH, MIKE

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
Ditches	Pass	Compaction	Pass			
Berms	Pass	Berms	Pass	MHSP	Pass	
Drains	Pass	Culverts	Pass			
Waddles	Pass	Waddles	Pass			
Gravel	Pass	Ditches	Pass			
Seeding		Gravel	Pass			
Slope Roughening	Pass	Hydro Mulch	Pass			
Compaction	Pass	Blankets	Pass			

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