

**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:

02/19/2013

Document Number:

670200227

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>256113</u>	<u>335429</u>		<u>BURGER, CRAIG</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
Gardner, Michael	(970) 263-2760	Michael.Gardner@wpxenergy.com	Environmental Manager
Moss, Brad	(970) 285-9377	Brad.Moss@wpxenergy.com	Operations
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor

Compliance Summary:QtrQtr: SWSE Sec: 17 Twp: 6S Range: 91W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/01/2007	200107923	PR	SI	S	I	P	N

Inspector Comment:

some unused equipment has been removed since last inspection. Jolley 17-15 well put into production

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
256113	WELL	SI	05/21/2012	GW	045-07435	JOLLEY 17-15	X
295981	WELL	PR	11/07/2008	GW	045-15862	JOLLEY 17-313D	
295982	WELL	PR	11/06/2008	GW	045-15861	JOLLEY 17-315D	
297256	WELL	PR	12/03/2009	GW	045-16356	JOLLEY 17-316D	
300024	WELL	PR	04/01/2011	GW	045-17832	FEDERAL KP 44-17	
300026	WELL	PR	06/09/2011	GW	045-17833	FEDERAL KP 444-17	
300027	WELL	PR	11/30/2010	GW	045-17834	FEDERAL KP 544-17	
300028	WELL	PR	10/31/2009	GW	045-17835	FEDERAL KP 344-17	
300029	WELL	PR	05/16/2011	GW	045-17836	FEDERAL KP 543-17	
422645	PIT	CL	04/13/2011		-	KP 34-17	

Equipment:Location Inventory

Inspector Name: BURGER, CRAIG

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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	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?				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
CONDENSATE	1	300 BBLS	STEEL AST
S/U/V: Unsatisfactory	Comment: no containment around tank		
Corrective Action: provide containment	Corrective Date: 02/25/2013		

Paint

Condition	Inadequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action	Corrective Date			
Comment				

Venting:	
Yes/No	Comment
YES	300 bbl condensate tank was venting

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 335429

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: 256113 Type: WELL API Number: 045-07435 Status: SI Insp. Status: PR

Producing Well

Comment: plunger lift. Flowing to 300 bbl condensate tank set next to well.

Environmental**Spills/Releases:**

Inspector Name: BURGER, CRAIG

Type of Spill: _____	Description: _____	Estimated Spill Volume: _____
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
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: _____

Comment:

1003a.	Debris removed? _____	CM _____							
	CA _____							CA Date _____	
	Waste Material Onsite? _____	CM _____							
	CA _____							CA Date _____	
	Unused or unneeded equipment onsite? <input type="checkbox"/> Fail <input type="checkbox"/> CM _____								
	CA <div style="border: 2px solid red; padding: 2px;">remove unused equipment</div>							CA Date <div style="border: 2px solid red; padding: 2px;">03/22/2013</div>	
	Pit, cellars, rat holes and other bores closed? _____								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

Inspector Name: BURGER, CRAIG

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 _____

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
		Culverts	Pass			
		Ditches	Fail			erosion occurring in ditches
		Check Dams	Pass			

S/U/V: **Unsatisfactory**

Corrective Date: **03/22/2013**

Comment: _____

CA: **maintain erosion control BMP's and provide additional BMP's as needed**

Permit:	Facility ID	Permit Num	Expiration Date
	422645	2213262	
	422645	2213262	