

**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:  
05/17/2013

Document Number:  
663801033

Overall Inspection:  
Satisfactory

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>335255</u>	<u>335255</u>	<u>LONGWORTH, MIKE</u>	2A Doc Num:	

**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
Gardner, Michael	970/285-9377 ext. 2760	Michael.Gardner@WPXEnergy.com	Principal Environmental Specialist

**Compliance Summary:**

QtrQtr: SENE Sec: 29 Twp: 6S Range: 95W

**Inspector Comment:**

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
210830	WELL	PR	09/23/1989		045-06588	DOE 2-W-29	X
271714	WELL	PR	09/20/2004	GW	045-09938	FEDERAL PA 332-29	X
271715	WELL	PR	10/04/2004	GW	045-09937	FEDERAL PA 32-29	X
271716	WELL	PR	09/20/2004	GW	045-09936	FEDERAL PA 31-29	X
271765	WELL	PR	09/20/2004	GW	045-09949	FEDERAL PA 331-29	X
416914	WELL	PR	12/08/2011	GW	045-19394	Federal PA 422-29	X
416915	WELL	PR	12/08/2011	GW	045-19395	Federal PA 522-29	X
416917	WELL	PR	12/08/2011	GW	045-19396	Federal PA 322-29	X
416918	WELL	PR	12/08/2011	GW	045-19397	Federal PA 22-29	X
416925	WELL	PR	09/03/2011	GW	045-19398	Federal PA 21-29	X
416927	WELL	PR	12/08/2011	GW	045-19399	Federal PA 321-29	X

**Equipment:**

Location Inventory

Special Purpose Pits: <u>1</u>	Drilling Pits: <u>    </u>	Wells: <u>11</u>	Production Pits: <u>    </u>
Condensate Tanks: <u>2</u>	Water Tanks: <u>2</u>	Separators: <u>11</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>    </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**

<b>Lease Road:</b>				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	Continue dust control.		

<b>Signs/Marker:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
WELLHEAD	Satisfactory			
CONTAINERS	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			

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

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

<b>Good Housekeeping:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TRASH	Satisfactory	Some trash behind tank battery		

<b>Spills:</b>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

<b>Fencing/:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
TANK BATTERY	Satisfactory			
SEPARATOR	Satisfactory			

<b>Equipment:</b>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	1	Satisfactory	no berm		
Dehydrator	1	Satisfactory	No berm		
Ancillary equipment	2	Satisfactory	2 poly totes of chemical at well heads		
Bird Protectors	7	Satisfactory			

<b>Facilities:</b>		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	3	300 BBLS	STEEL AST	39.497590,108.015470	
S/U/V:	Satisfactory	Comment:			
Corrective Action:				Corrective Date:	
<b>Paint</b>					
Condition	Adequate				
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
<b>Venting:</b>					
Yes/No	Comment				
<b>Flaring:</b>					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

**Predrill**

Location ID: 335255

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

Group	User	Comment	Date
Agency	garrisop	Operator must implement best management practices to contain any unintentional release of fluids.	04/23/2010
Agency	garrisop	Location is in a sensitive area because of 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.	04/23/2010

**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: \_\_\_\_\_

Summary of Landowner Issues:

\_\_\_\_\_

Summary of Operator Response to Landowner Issues:

\_\_\_\_\_

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

\_\_\_\_\_

**Facility**

Facility ID: 210830 Type: WELL API Number: 045-06588 Status: PR Insp. Status: PR

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

**UIC Routine**

Inj./Tube: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: \_\_\_\_\_

TC: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ Last MIT: \_\_\_\_\_

Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTRReq: \_\_\_\_\_

Comment: \_\_\_\_\_

Method of Injection: \_\_\_\_\_

Test Type: 5 Year \_\_\_\_\_ Tbg psi: 0 \_\_\_\_\_ Csg psi: 1014 \_\_\_\_\_ BH psi: 0 \_\_\_\_\_

Insp. Status: Pass \_\_\_\_\_

Comment: Pressured casing to 1014psi held for 15 minutes final pressure 1009psi. 0psi on tubing start and final readings. 0 psi on braden

Facility ID: 271714 Type: WELL API Number: 045-09938 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 271715 Type: WELL API Number: 045-09937 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 271716 Type: WELL API Number: 045-09936 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 271765 Type: WELL API Number: 045-09949 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 416914 Type: WELL API Number: 045-19394 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 416915 Type: WELL API Number: 045-19395 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 416917 Type: WELL API Number: 045-19396 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 416918 Type: WELL API Number: 045-19397 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 416925 Type: WELL API Number: 045-19398 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 416927 Type: WELL API Number: 045-19399 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

**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: OTHER, 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? Pass CM \_\_\_\_\_ CA \_\_\_\_\_ CA Date \_\_\_\_\_



Inspector Name: LONGWORTH, MIKE

S/U/V: Satisfactory                      Corrective Date: \_\_\_\_\_

Comment: Containue storm water maitaince

CA: \_\_\_\_\_