

**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:

05/17/2013

Document Number:

663801033

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

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

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
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	<input checked="" type="checkbox"/>
271714	WELL	PR	09/20/2004	GW	045-09938	FEDERAL PA 332-29	<input checked="" type="checkbox"/>
271715	WELL	PR	10/04/2004	GW	045-09937	FEDERAL PA 32-29	<input checked="" type="checkbox"/>
271716	WELL	PR	09/20/2004	GW	045-09936	FEDERAL PA 31-29	<input checked="" type="checkbox"/>
271765	WELL	PR	09/20/2004	GW	045-09949	FEDERAL PA 331-29	<input checked="" type="checkbox"/>
416914	WELL	PR	12/08/2011	GW	045-19394	Federal PA 422-29	<input checked="" type="checkbox"/>
416915	WELL	PR	12/08/2011	GW	045-19395	Federal PA 522-29	<input checked="" type="checkbox"/>
416917	WELL	PR	12/08/2011	GW	045-19396	Federal PA 322-29	<input checked="" type="checkbox"/>
416918	WELL	PR	12/08/2011	GW	045-19397	Federal PA 22-29	<input checked="" type="checkbox"/>
416925	WELL	PR	09/03/2011	GW	045-19398	Federal PA 21-29	<input checked="" type="checkbox"/>
416927	WELL	PR	12/08/2011	GW	045-19399	Federal PA 321-29	<input checked="" type="checkbox"/>

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 Motors: <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

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

Signs/Marker:				
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: _____

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

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			
TANK BATTERY	Satisfactory			
SEPARATOR	Satisfactory			

Equipment:					
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			

Inspector Name: LONGWORTH, MIKE

Facilities:		<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:	
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	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: 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 _____ AnnMTReq: _____

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

Inspector Name: LONGWORTH, MIKE

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 Date
Waste Material Onsite? Pass CM CA Date
Unused or unneeded equipment onsite? Pass CM CA Date
Pit, cellars, rat holes and other bores closed? Pass CM CA Date
Guy line anchors removed? CM CA Date
Guy line anchors marked? Pass CM CA Date

1003b. Area no longer in use? In Production areas stabilized ? Pass1003c. 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**CroplandTop soil replaced Recontoured Perennial forage re-established Non-CroplandTop soil replaced Recontoured 80% Revegetation 1003 f. Weeds Noxious weeds? PComment: Overall Interim Reclamation In Process**Final Reclamation/ Abandoned Location:**Date Final Reclamation Started: Date Final Reclamation Completed: Final Land Use: RANGELANDReminder: 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
Ditches	Pass	Ditches				Ditches need maintained along roadway.
Berms	Pass	Compaction	Pass	MHSP	Pass	
Seeding						
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Culverts	Pass			

Inspector Name: LONGWORTH, MIKE

S/U/V: Satisfactory Corrective Date: _____

Comment: Containue storm water maitaince

CA: _____