

Inspector Name: LABOWSKIE, STEVE

**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:

04/29/2013

Document Number:

669400624

Overall Inspection:

Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	216515	312010	LABOWSKIE, STEVE	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 96705 Name of Operator: WPX ENERGY PRODUCTION LLC
 Address: P O BOX 3102 MS-25-2
 City: TULSA State: OK Zip: 74101

Contact Information:

Contact Name	Phone	Email	Comment
Mitchell, Ben	(505) 947-4975	ben.mitchell@wpxenergy.com	Production
Granillo, Lacey	(505) 333-1816	lacey.granillo@wpxenergy.com	Permitting

Compliance Summary:

QtrQtr: NWNE		Sec: 15	Twp: 33N		Range: 8W		
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/20/2006	200087959	PR	PR	S		P	N
02/05/2004	200052654	PR	PR	S		P	N
02/13/2003	200036576	PR	PR	S		P	N
02/13/2003	200036566	PR	PR	S		P	N
07/20/2001	200019556	PR	PR	S		P	N
05/18/2000	200006943	PR	PR	S		P	N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name
216385	WELL	AL	03/07/1996		067-07991	IGNACIO 33-8 25
216515	WELL	PR	09/09/1998	GW	067-08121	IGNACIO 33-8 14A
271430	WELL	PR	05/01/2012	GW	067-08926	GORE GAS UNIT A 15 2
284754	WELL	PR	02/01/2012	GW	067-09165	GORE GAS UNIT A 15-3

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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: _____

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Location

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
WELLHEAD	Satisfactory			

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

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Dehydrator	1	Satisfactory	rusty, needs paint soon.		
Flow Line	1	Satisfactory			
Ancillary equipment	1	Satisfactory	telemetry		
Gas Meter Run	1	Satisfactory			
Bird Protectors	1	Satisfactory			
Ancillary equipment	1	Satisfactory	cathodic protection system		

Facilities:

☒ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	Open Top	37.107850,-107.701030

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

Corrective Action: _____

Paint

Condition Adequate

Other (Content) _____

Other (Capacity) ~125 bbls

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action _____ Corrective Date _____

Comment berms need raising soon, capacity borderline

We have a plan to increase berm capacity. Wall Hyde

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Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 312010

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:

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Facility			
Facility ID: 216515	Type: WELL	API Number: 067-08121	Status: PR Insp. Status: PR
Producing Well			
Comment: producing			
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? Pass		Production areas stabilized ? Pass

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1003c. Compacted areas have been cross ripped? Pass

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? Pass

Production areas have been stabilized? Pass

Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass

Recontoured Pass

80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

Comment: good revegetation, small footprint

Overall Interim Reclamation Pass

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
Waddles	Pass	Compaction	Pass			
Compaction	Pass	Gravel	Pass			

S/U/V: Satisfactory

Corrective Date: _____

Comment: _____

CA: _____