

**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:

07/18/2013

Document Number:

663801297

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335637	335637	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
KELLERBY, SHAUN		shaun.kellerby@state.co.us	
AHLSTRAND, DENNIS		dennis.ahlstrand@state.co.us	
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: SWSW Sec: 9 Twp: 6S Range: 94W**Inspector Comment:**

Added location 311544 to this location 335637

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
210728	WELL	PR		GW	045-06486	DOE 1-M-9	<input checked="" type="checkbox"/>
210897	WELL	PR	12/01/1990		045-06655	DOE 1-W-9	<input checked="" type="checkbox"/>
284203	WELL	PR	04/02/2007	GW	045-12117	FEDERAL RWF 444-8	<input checked="" type="checkbox"/>
284204	WELL	PR	04/02/2007	GW	045-12116	FEDERAL RMV 165-9	<input checked="" type="checkbox"/>
284205	WELL	PR	02/18/2008	GW	045-12115	FEDERAL RWF 314-9	<input checked="" type="checkbox"/>
284206	WELL	PR	04/02/2007	GW	045-12114	FEDERAL RWF 44-8	<input checked="" type="checkbox"/>
284207	WELL	PR	04/02/2007	GW	045-12113	FEDERAL RWF 544-8	<input checked="" type="checkbox"/>
284208	WELL	PR	04/02/2007	GW	045-12112	FEDERAL RWF 411-16	<input checked="" type="checkbox"/>
284209	WELL	PR	04/02/2007	GW	045-12111	FEDERAL RWF 344-8	<input checked="" type="checkbox"/>
284210	WELL	PR	04/02/2007	GW	045-12110	FEDERAL RWF 414-9	<input checked="" type="checkbox"/>
284211	WELL	PR	04/12/2006	GW	045-12109	FEDERAL RWF 311-16	<input checked="" type="checkbox"/>
284212	WELL	PR	04/12/2006	GW	045-12108	FEDERAL RWF 511-16	<input checked="" type="checkbox"/>
284213	WELL	PR	04/12/2006	GW	045-12107	FEDERAL RWF 11-16	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: LONGWORTH, MIKE

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				
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Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
CONTAINERS	Satisfactory			
WELLHEAD	Satisfactory			
BATTERY	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
WEEDS	Satisfactory	Few weed sprouting out. 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			
SEPARATOR	Satisfactory			
TANK BATTERY	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	3	Satisfactory			
Plunger Lift	12	Satisfactory			
Bird Protectors	6	Satisfactory			
Horizontal Heated Separator	12	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	<100 BBLs	STEEL AST	39.533500,107.900080	
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			
YES		Bradens are venting			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 335637

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: 210728 Type: WELL API Number: 045-06486 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well Added to location id 335637

Facility ID: 210897 Type: WELL API Number: 045-06655 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284203 Type: WELL API Number: 045-12117 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284204 Type: WELL API Number: 045-12116 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284205 Type: WELL API Number: 045-12115 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284206 Type: WELL API Number: 045-12114 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284207 Type: WELL API Number: 045-12113 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284208 Type: WELL API Number: 045-12112 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284209 Type: WELL API Number: 045-12111 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284210 Type: WELL API Number: 045-12110 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284211 Type: WELL API Number: 045-12109 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284212 Type: WELL API Number: 045-12108 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284213 Type: WELL API Number: 045-12107 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:

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? 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? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? In Production areas stabilized ? Pass

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? _____

Inspector Name: LONGWORTH, MIKE

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? _____

Comment: _____

Overall Interim Reclamation ☐ In Process ☐

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

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

Comment: Continue routine BMP maintance

CA: _____