

**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:

07/24/2013

Document Number:

663801324

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	
	<u>335418</u>	<u>335418</u>	<u>LONGWORTH, MIKE</u>	2A Doc Num: _____	

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	970/285-9377 ext. 2760	Michael.Gardner@WPXEnerg y.com	Principal Environmental Specialist
KELLERBY, SHAUN		shaun.kellerby@state.co.us	
Moss, Brad	(970) 285-9377	Brad.Moss@WPXEnerg.com	Production foreman

Compliance Summary:QtrQtr: NESE Sec: 27 Twp: 6S Range: 95W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
272687	WELL	PR	10/24/2005	GW	045-10134	FEDERAL PA 543-27	<input checked="" type="checkbox"/>
272688	WELL	PR	10/10/2005	GW	045-10135	FEDERAL PA 443-27	<input checked="" type="checkbox"/>
272689	WELL	PR	10/20/2005	GW	045-10136	FEDERAL PA 343-27	<input checked="" type="checkbox"/>
272690	WELL	PR	10/13/2005	GW	045-10137	FEDERAL PA 43-27	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

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**Lease Road:**

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Main	Satisfactory			

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	sign on well fence and name plate on on well		
TANK LABELS/PLACARDS	Satisfactory	labels starting to peel		
BATTERY	Satisfactory	sign at separator		
CONTAINERS	Satisfactory	Dot label		

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?				

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	4	Satisfactory			
Bird Protectors	2	Satisfactory			
Horizontal Heated Separator	4	Satisfactory	quad separator		
Ancillary equipment	1	Satisfactory	well treatment chemical tote at wellheads		

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	<100 BBLS	STEEL AST	39.492290,107.978110	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	1	300 BBLS	STEEL AST	,	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No	Comment				
YES	Bradens venting				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 335418

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: 272687 Type: WELL API Number: 045-10134 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 272688 Type: WELL API Number: 045-10135 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 272689 Type: WELL API Number: 045-10136 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 272690 Type: WELL API Number: 045-10137 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:

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? Fail CM unmarked deadmen

CA ☐ Mark or remove deadmenCA Date **08/10/2013**Guy line anchors marked? ☐ Fail ☐ CM ☐ unmarked deadmenCA ☐ Mark or remove deadmenCA Date **08/10/2013**1003b. Area no longer in use? ☐ In ☐ Production areas stabilized ? ☐ Pass1003c. 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**CroplandTop soil replaced ☐ Recontoured ☐ Perennial forage re-established ☐Non-CroplandTop 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
Seeding		Culverts	Pass			
Ditches	Pass	Ditches	Pass			
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

Inspector Name: LONGWORTH, MIKE

Berms	Pass	Berms	Pass	MHSP	Pass	Tote in self contained spill tray
S/U/V: Satisfactory Corrective Date: _____						
Comment: _____						
CA: _____						