

**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:

08/02/2013

Document Number:

670200727

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	256056	335407	BURGER, CRAIG	<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	NW Field Supervisor
Moss, Brad	(970) 285-9377	Brad.Moss@wpxenergy.com	Operations

Compliance Summary:QtrQtr: SENW Sec: 17 Twp: 6S Range: 91W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/23/2010	200262434	CA	PA	U			Y
06/29/2004	200061560	PR	PR	S		P	N
02/02/2000	200005363	PR	WO	S		P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
256056	WELL	PA	06/24/2010	GW	045-07423	JOLLEY 17-6	<input checked="" type="checkbox"/>
298584	WELL	PR	02/11/2013	GW	045-17265	JOLLEY 17-25D	<input checked="" type="checkbox"/>
298585	WELL	PR	03/01/2012	GW	045-17266	JOLLEY 17-26D	<input checked="" type="checkbox"/>
299439	WELL	PR	10/02/2010	GW	045-17673	FEDERAL KP 12-17	<input checked="" type="checkbox"/>
299440	WELL	PR	10/05/2010	GW	045-17674	FEDERAL KP 312-17	<input checked="" type="checkbox"/>
299441	WELL	PR	10/31/2009	GW	045-17675	FEDERAL KP 511-17	<input checked="" type="checkbox"/>
299442	WELL	PR	12/30/2010	GW	045-17676	FEDERAL KP 521-17	<input checked="" type="checkbox"/>
300168	WELL	PR	06/10/2013	GW	045-17854	JOLLEY KP 322-17	<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 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: _____

Location**Signs/Marker:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL	Satisfactory	Four trucks and a trailer stored on location.	Keep location free of unused equipment.	09/13/2013

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
WELLHEAD	Satisfactory	wire fence		
SEPARATOR	Satisfactory	wire fence		
TANK BATTERY	Satisfactory	wire fence		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	2	Satisfactory	descaler units		
Dehydrator	1	Satisfactory			
Plunger Lift	7	Satisfactory			
Emission Control Device	1	Satisfactory			
Gas Meter Run	1	Satisfactory			
Bird Protectors	14	Satisfactory			
Pig Station	1	Satisfactory			
Horizontal Heated Separator	8	Satisfactory			
Gathering Line	1	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
OTHER	1	<50 BBLS	STEEL AST	39.529780,-107.580910	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition					
Other (Content)	diesel fuel				
Other (Capacity)					
Other (Type)					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	3	300 BBLS	HEATED STEEL AST	39.529850,-107.550760	
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 Sufficent	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	6	300 BBLS	HEATED STEEL AST	39.529870,-107.580440	
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			
NO					
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 335407

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: 256056 Type: WELL API Number: 045-07423 Status: PA Insp. Status: PA

Facility ID: 298584 Type: WELL API Number: 045-17265 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Inspector Name: BURGER, CRAIG

Facility ID:	298585	Type:	WELL	API Number:	045-17266	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	plunger lift								

Facility ID:	299439	Type:	WELL	API Number:	045-17673	Status:	PR	Insp. Status:	SI
Idle Well									
Purpose:	<input checked="" type="checkbox"/> Shut In		<input type="checkbox"/> Temporarily Abandoned		Reminder: _____				
S/V:	_____		CA Date:		_____				
CA:	_____								
Comment:	Shut in at time of inspection.								

Facility ID:	299440	Type:	WELL	API Number:	045-17674	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	plunger lift								

Facility ID:	299441	Type:	WELL	API Number:	045-17675	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	plunger lift								

Facility ID:	299442	Type:	WELL	API Number:	045-17676	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	plunger lift								

Facility ID:	300168	Type:	WELL	API Number:	045-17854	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Wireline rig set up at well. No personnel on location at time of inspection and well is 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	_____
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Field Parameters:

Sample Location:	_____
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Emission Control Burner (ECB):	Y _____
Comment:	_____
Pilot:	ON _____
Wildlife Protection Devices (fired vessels):	YES _____

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? _____ 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? Pass Production areas stabilized ? Pass1003c. Compacted areas have been cross ripped? Pass1003d. 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? _____

Production areas have been stabilized? Pass 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? P

Comment: _____

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 _____

Inspector Name: BURGER, CRAIG

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
Sediment Traps	Pass	Ditches	Pass			
Waddles	Pass	Culverts	Pass			
Rip Rap	Pass	Sediment Traps	Pass			
Other	Fail	Waddles	Pass			
Ditches	Pass	Check Dams	Pass			

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

Comment: Erosion rills present on cut and fill slopes of main access road.
Riprap placed in erosion gulley downgradient of sediment trap since last inspection.
Hay bales at base of slope are silted.

CA: _____