

**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:

09/11/2013

Document Number:

670200848

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	300028	335429	BURGER, CRAIG	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:OGCC Operator Number: 96850 Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLCAddress: 1001 17TH STREET - SUITE #1200City: DENVER State: CO Zip: 80202**Contact Information:**

Contact Name	Phone	Email	Comment
Moss, Brad	(970) 285-9377	Brad.Moss@WPXEnergy.com	Production foreman
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor

Compliance Summary:

QtrQtr: <u>SWSE</u>	Sec: <u>17</u>	Twp: <u>6S</u>	Range: <u>91W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/12/2013	669600026			S			N
02/19/2013	670200227	SI	PR	U			N
02/11/2013	670200155	PR	PR	U			N
03/01/2007	200107923	PR	SI	S	I	P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
256113	WELL	PR	02/01/2013	GW	045-07435	JOLLEY 17-15	<input checked="" type="checkbox"/>
295981	WELL	PR	11/07/2008	GW	045-15862	JOLLEY 17-313D	<input checked="" type="checkbox"/>
295982	WELL	PR	11/06/2008	GW	045-15861	JOLLEY 17-315D	<input checked="" type="checkbox"/>
297256	WELL	PR	12/03/2009	GW	045-16356	JOLLEY 17-316D	<input checked="" type="checkbox"/>
300024	WELL	PR	04/01/2011	GW	045-17832	FEDERAL KP 44-17	<input checked="" type="checkbox"/>
300026	WELL	PR	06/09/2011	GW	045-17833	FEDERAL KP 444-17	<input checked="" type="checkbox"/>
300027	WELL	PR	11/30/2010	GW	045-17834	FEDERAL KP 544-17	<input checked="" type="checkbox"/>
300028	WELL	PR	07/03/2013	GW	045-17835	FEDERAL KP 344-17	<input checked="" type="checkbox"/>
300029	WELL	SI	05/10/2013	GW	045-17836	FEDERAL KP 543-17	<input checked="" type="checkbox"/>
422645	PIT	CL	04/13/2011		-	KP 34-17	<input 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

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
WELLHEAD	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
STORAGE OF SUPL	Satisfactory	Two sheds, a conex box, some stock tanks, a recyclind dumpster, a bear proof garbage container and a few pieces of pipe on location.		

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	wire fence		
WELLHEAD	Satisfactory	pipe fence		
SEPARATOR	Satisfactory	wire fence		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	1	Satisfactory			
Dehydrator	1	Satisfactory			
Bird Protectors	11	Satisfactory			
Emission Control Device	1	Satisfactory			
Ancillary equipment	2	Satisfactory	descaler units		
Gathering Line	1	Satisfactory			

Inspector Name: BURGER, CRAIG

Horizontal Heated Separator	10	Satisfactory			
Plunger Lift	8	Satisfactory			

Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	1	200 BBLS	STEEL AST	39.521490,-107.575220

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

Paint

Condition	Adequate
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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			

Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
GLYCOL	1	200 BBLS	STEEL AST	39.521900,-107.575320

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

Paint

Condition	Adequate
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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			

Inspector Name: BURGER, CRAIG

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	6	300 BBLS		39.521570,-107.575230	
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: 335429

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: 256113 Type: WELL API Number: 045-07435 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 295981 Type: WELL API Number: 045-15862 Status: PR Insp. Status: PR

Producing WellComment: Facility ID: 295982 Type: WELL API Number: 045-15861 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 297256 Type: WELL API Number: 045-16356 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 300024 Type: WELL API Number: 045-17832 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 300026 Type: WELL API Number: 045-17833 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 300027 Type: WELL API Number: 045-17834 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 300028 Type: WELL API Number: 045-17835 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 300029 Type: WELL API Number: 045-17836 Status: SI Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: S/V: CA Date: CA: Comment: **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): 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? _____ 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 _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Inspector Name: BURGER, CRAIG

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
		Gravel	Pass			
Waddles	Pass	Blankets	Fail	MHSP	Pass	
Compaction	Pass	Check Dams	Pass			
		Retention Ponds	Pass			
Gravel	Pass	Culverts	Pass			
		Ditches	Fail			

S/U/V: **Unsatisfactory** Corrective Date: **10/11/2013**

Comment: Erosion rills present on main access road cut and fill slopes where blankets need maintenance or are not present.
Erosion occurred in ditches.

CA: Provide and maintain adequate stormwater and erosion control BMP's.

Permit:	Facility ID	Permit Num	Expiration Date
	422645	2213262	