

**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:

09/13/2013

Document Number:

663902181

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>335414</u>	<u>335414</u>	<u>LONGWORTH, MIKE</u>	<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
Moss, Brad	(970) 285-9377	Brad.Moss@WPXEnergy.com	Production foreman
KELLERBY, SHAUN		shaun.kellerby@state.co.us	
Gardner, Michael	970/285-9377 ext. 2760	Michael.Gardner@WPXEnergy.com	Principal Environmental Specialist

Compliance Summary:QtrQtr: SENE Sec: 31 Twp: 6S Range: 95W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
257369	WELL	PR	12/01/2010	GW	045-07550	FEDERAL PA 42-31	<input checked="" type="checkbox"/>
292426	WELL	PR	12/25/2008	GW	045-14722	FEDERAL PA 442-31	<input checked="" type="checkbox"/>
293018	WELL	PR	10/18/2007	GW	045-14842	FEDERAL PA 432-31	<input checked="" type="checkbox"/>
293038	WELL	PR	10/19/2007	GW	045-14843	FEDERAL PA 33-31	<input checked="" type="checkbox"/>
293039	WELL	PR	10/19/2007	GW	045-14844	FEDERAL PA 333-31	<input checked="" type="checkbox"/>
293040	WELL	PR	10/19/2007	GW	045-14845	FEDERAL PA 433-31	<input checked="" type="checkbox"/>
293041	WELL	PR	09/30/2008	GW	045-14846	FEDERAL PA 533-31	<input checked="" type="checkbox"/>
293042	WELL	PR	10/19/2007	GW	045-14847	FEDERAL PA 342-31	<input checked="" type="checkbox"/>
293043	WELL	PR	12/25/2008	GW	045-14848	FEDERAL PA 542-31	<input checked="" type="checkbox"/>
293046	WELL	PR	11/01/2008	GW	045-14849	FEDERAL PA 343-31	<input checked="" type="checkbox"/>
293049	WELL	PR	11/07/2008	GW	045-14850	FEDERAL PA 443-31	<input checked="" type="checkbox"/>
293051	WELL	PR	12/25/2008	GW	045-14851	FEDERAL PA 543-31	<input checked="" type="checkbox"/>
293054	WELL	PR	11/07/2008	GW	045-14852	FEDERAL PA 332-31	<input checked="" type="checkbox"/>
293055	WELL	PR	12/25/2008	GW	045-14853	FEDERAL PA 32-31	<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

Lease Road:

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	Heavy rains, road(s) muddy and wet. Maintain roads.		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory	2 signs on PA 42-31 one says PA 42-31W.		

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			
WELLHEAD	Satisfactory			
SEPARATOR	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	9	Satisfactory			
Plunger Lift	14	Satisfactory			
Horizontal Heated Separator	15	Satisfactory			

Inspector Name: LONGWORTH, MIKE

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	<100 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					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	300 BBLS	STEEL AST	39.483100,108.032840	
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					
Venting:					
Yes/No	Comment				
YES	Bradens open to vent				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 335414

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: 257369 Type: WELL API Number: 045-07550 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292426 Type: WELL API Number: 045-14722 Status: PR Insp. Status: PR

Producing Well				
Comment:	Producing well			
Facility ID:	293018	Type:	WELL	API Number: 045-14842 Status: PR Insp. Status: PR
Producing Well				
Comment:	Producing well			
Facility ID:	293038	Type:	WELL	API Number: 045-14843 Status: PR Insp. Status: PR
Producing Well				
Comment:	Producing well			
Facility ID:	293039	Type:	WELL	API Number: 045-14844 Status: PR Insp. Status: PR
Producing Well				
Comment:	Producing well			
Facility ID:	293040	Type:	WELL	API Number: 045-14845 Status: PR Insp. Status: PR
Producing Well				
Comment:	Producing well			
Facility ID:	293041	Type:	WELL	API Number: 045-14846 Status: PR Insp. Status: PR
Producing Well				
Comment:	Producing well			
Facility ID:	293042	Type:	WELL	API Number: 045-14847 Status: PR Insp. Status: PR
Producing Well				
Comment:	Producing well			
Facility ID:	293043	Type:	WELL	API Number: 045-14848 Status: PR Insp. Status: PR
Producing Well				
Comment:	Producing well			
Facility ID:	293046	Type:	WELL	API Number: 045-14849 Status: PR Insp. Status: PR
Producing Well				
Comment:	Producing well			
Facility ID:	293049	Type:	WELL	API Number: 045-14850 Status: PR Insp. Status: PR
Producing Well				
Comment:	Producing well			
Facility ID:	293051	Type:	WELL	API Number: 045-14851 Status: PR Insp. Status: PR
Producing Well				
Comment:	Producing well			
Facility ID:	293054	Type:	WELL	API Number: 045-14852 Status: PR Insp. Status: PR
Producing Well				
Comment:	Producing well			

Facility ID: 293055 Type: WELL API Number: 045-14853 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? Fail CM unmarked anchors

CA Mark or remove anchors CA Date 10/12/2013

Guy line anchors marked? Fail CM unmarked anchors

CA Mark or remove anchors CA Date 10/12/2013

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

1003c. Compacted areas have been cross ripped?

Inspector Name: LONGWORTH, MIKE

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? Fail
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 Fail

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 ☐

<u>Storm Water:</u>						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Drains	Pass	Drains	Pass			
Ditches	Fail	Ditches	Fail			
Gravel	Pass	Gravel	Pass			
Berms	Pass	Culverts	Pass			
Sediment Traps	Pass	Sediment Traps	Pass			
Rip Rap	Pass	Rip Rap	Pass			
Compaction	Pass	Compaction	Pass			
Seeding						
Check Dams	Pass	Check Dams	Pass			

Inspector Name: LONGWORTH, MIKE

S/U/V: Satisfactory Corrective Date: _____

Comment: Several days of heavy rain, maintain bmps and clean sediment out of ditches, traps and other BMPs

CA: _____