

**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:

12/16/2013

Document Number:

670201033

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	283572	335638	BURGER, CRAIG	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:

Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLCAddress: 1001 17TH STREET - SUITE #1200City: DENVER State: CO Zip: 80202

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Moss, Brad	(970) 285-9377	Brad.Moss@wpxenergy.com	Operations
Gardner, Michael	970/285-9377 ext. 2760	Michael.Gardner@WPXEnerg y.com	Principal Environmental Specialist
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor

Compliance Summary:QtrQtr: SWNE Sec: 11 Twp: 6S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/03/2010	200287317	PR	PR	Satisfactory			No
05/26/2008	200190165	PR	PR	Satisfactory			No
01/03/2007	200105383	PR	PR	Satisfactory	I	Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
283572	WELL	PR	03/02/2006	GW	045-11943	FEDERAL RWF 331-11	PR	<input checked="" type="checkbox"/>
289764	WELL	AL	09/13/2011	LO	045-13868	FEDERAL RWF 432-11	AL	<input type="checkbox"/>
289765	WELL	AL	09/13/2011	LO	045-13867	FEERAL RWF 32-11	AL	<input type="checkbox"/>
289766	WELL	PR	03/22/2007	GW	045-13866	FEDERAL RWF 532-11	PR	<input checked="" type="checkbox"/>
289768	WELL	PR	03/22/2007	GW	045-13864	FEDERAL RWF 31-11	PR	<input checked="" type="checkbox"/>
289769	WELL	PR	12/31/2007	GW	045-13863	FEDERAL RWF 41-11	PR	<input checked="" type="checkbox"/>
289770	WELL	PR	11/30/2007	GW	045-13862	FEDERAL RWF 441-11	PR	<input checked="" type="checkbox"/>
289771	WELL	PR	12/31/2007	GW	045-13861	FEDERAL RWF 341-11	PR	<input checked="" type="checkbox"/>
289772	WELL	PR	03/22/2007	GW	045-13860	FEDERAL RWF 542-11	PR	<input checked="" type="checkbox"/>
289773	WELL	AL	09/13/2011	LO	045-13859	FEDERAL RWF 42-11	AL	<input type="checkbox"/>
289774	WELL	PR	03/22/2007	GW	045-13858	FEDERAL RWF 442-11	PR	<input checked="" type="checkbox"/>
289775	WELL	AL	09/13/2011	LO	045-13857	FEDERAL RWF 342-11	AL	<input type="checkbox"/>

289938	WELL	AL	09/13/2011	LO	045-13925	FEDERAL RWF 332-11	AL	<input type="checkbox"/>
289939	WELL	PR	12/31/2007	OW	045-13924	FEDERAL RWF 541-11	PR	<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
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			

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

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	1	Satisfactory			
Bird Protectors	9	Satisfactory			
Horizontal Heated Separator	16	Satisfactory			
Dehydrator	1	Satisfactory			
Ancillary equipment	3	Satisfactory	Methanol unit and 3 descaler units.		
Gathering Line	1	Satisfactory			
Plunger Lift	9	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 BBLS	STEEL AST	,
S/U/V:	Satisfactory	Comment: same berm as 400 bbl tanks		
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

Corrective Action		Corrective Date	
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Comment	
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Facilities:	<input type="checkbox"/> New Tank	Tank ID: _____
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Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	400 BBLS	STEEL AST	39.543230,-107.851070

S/U/V:	Satisfactory	Comment:		
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Corrective Action:		Corrective Date:	
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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	
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Comment	
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Venting:		
Yes/No	Comment	
YES	bradenhead valves open	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 283572

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/U/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/U/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/U/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Stormwater:****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: 283572 Type: WELL API Number: 045-11943 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 289766 Type: WELL API Number: 045-13866 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 289768 Type: WELL API Number: 045-13864 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 289769 Type: WELL API Number: 045-13863 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 289770 Type: WELL API Number: 045-13862 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 289771 Type: WELL API Number: 045-13861 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 289772 Type: WELL API Number: 045-13860 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 289774 Type: WELL API Number: 045-13858 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 289939 Type: WELL API Number: 045-13924 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

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): N

Comment:

Pilot: Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit**Interim Reclamation:**

Inspector Name: BURGER, CRAIG

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: Snow cover prevented observation.

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? _____ 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 ? _____

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? _____

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 _____

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 _____

Inspector Name: BURGER, CRAIG

Non cropland: Revegetated 80% _____

Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____

Well Release on Active Location ☐

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: _____ Corrective Date: _____

Comment: Snow cover prevented observation.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT