

**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:

12/16/2013

Document Number:

670201042

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	279491	335655	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) 263-2760	Michael.Gardner@wpxenergy.com	Environmental Manager
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor

Compliance Summary:QtrQtr: NESW Sec: 10 Twp: 6S Range: 94W**Inspector Comment:**

Facilities for these wells are on location # 335615.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
279491	WELL	PR	06/08/2006	GW	045-11055	FEDERAL RWF 513-10	PR	<input checked="" type="checkbox"/>
290313	WELL	PR	04/19/2007	GW	045-14076	FEDERAL RWF 512-10	PR	<input checked="" type="checkbox"/>
290314	WELL	PR	04/19/2007	GW	045-14075	FEDERAL RWF 412-10	PR	<input checked="" type="checkbox"/>
290356	WELL	PR	04/23/2007	GW	045-14085	FEDERAL RWF 423-10	PR	<input checked="" type="checkbox"/>
290357	WELL	PR	04/23/2007	GW	045-14086	FEDERAL RWF 322-10	PR	<input checked="" type="checkbox"/>
290359	WELL	PR	04/23/2007	GW	045-14087	FEDERAL RWF 312-10	PR	<input checked="" type="checkbox"/>
290360	WELL	PR	04/23/2007	GW	045-14088	FEDERAL RWF 12-10	PR	<input checked="" type="checkbox"/>
290361	WELL	PR	04/23/2007	GW	045-14089	FEDERAL RWF 321-10	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
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

Fencing:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	wire fence		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	8	Satisfactory			
Ancillary equipment	3	Satisfactory	descaler units		

Venting:		
Yes/No	Comment	
YES	bradenhead valves open	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 279491

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: 279491 Type: WELL API Number: 045-11055 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 290313 Type: WELL API Number: 045-14076 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 290314 Type: WELL API Number: 045-14075 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 290356 Type: WELL API Number: 045-14085 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 290357 Type: WELL API Number: 045-14086 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 290359 Type: WELL API Number: 045-14087 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 290360 Type: WELL API Number: 045-14088 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 290361 Type: WELL API Number: 045-14089 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:

Lat _____ Long _____
 DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: ECB and bird protection on adjacent location with facilities.

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

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

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

Land Use: _____

Comment: Snow cover prevented inspection.

1003a. Debris removed? _____ CM _____
 CA _____ CA Date _____
 Waste Material Onsite? _____ CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? _____ 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 _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Inspector Name: BURGER, CRAIG

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 inspection.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT