

**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:
667700116

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>216343</u>	<u>333851</u>	<u>LABOWSKIE, STEVE</u>	2A Doc Num:	

Operator Information:

OGCC Operator Number: _____

Name of Operator: WPX ENERGY PRODUCTION LLC

Address: P O BOX 3102 MS-25-2

City: TULSA State: OK Zip: 74101

- 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
Mitchell, Ben	(505) 947-4975	ben.mitchell@wpxenergy.com	Production
Granillo, Lacey	(505) 333-1816	lacey.granillo@wpxenergy.com	Permitting

Compliance Summary:

QtrQtr: NWNE Sec: 12 Twp: 33N Range: 10W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/26/2012	661700263	PR	PR	Satisfactory			No
03/26/2011	200305074	PR	PR	Satisfactory			No
04/20/2009	200208828	PR	PR	Satisfactory			No
05/21/2008	200190339	ID	TA	Unsatisfactory			Yes
02/21/2007	200108200	PR	PR	Satisfactory		Pass	No
11/14/2005	200085430	PR	PR	Satisfactory		Pass	No
05/06/2004	200057805	PR	PR	Satisfactory		Pass	No
09/23/2003	200045249	PR	PR	Satisfactory		Pass	No
11/16/2001	200022012	PR	PR	Satisfactory		Pass	No
10/06/2000	200011051	PR	PR	Satisfactory		Pass	No
07/01/1999	500150549	PR	PR			Pass	No
07/01/1999	500150545	PR	PR			Pass	No
05/12/1998	500150544	BH	PR			Pass	No
05/12/1998	500150548	BH	PR			Pass	No
11/24/1997	500150547	PR	PR			Pass	No
05/14/1997	500150543	BH	PR			Pass	No
04/24/1996	500150542	BH	PR			Pass	No
05/26/1995	500150541	BH	PR				No
05/26/1995	500150546	BH	PR				No
10/20/1994	500150540	PR	PR			Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
216343	WELL	PR	02/09/2012	GW	067-07949	Bondad 33-10 27	PR	<input checked="" type="checkbox"/>
275474	WELL	PR	01/04/2005	GW	067-09002	ELMER DUNKEL GAS UNIT A 2	PR	<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
CONTAINERS	Satisfactory	inhibitor tank		
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			

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

Spills:				
Type	Area	Volume	Corrective action	CA Date
Glycol	Tank	<= 5 bbls	clean-up overspray onto gravel berms at buried tank, keep fluids/condensate in designayed vessel.	01/09/2014

Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	1	Satisfactory	inhibitor tank with spill prevention		
Gas Meter Run	1	Satisfactory			
Plunger Lift	1	Satisfactory			
Flow Line	1	Satisfactory			
Deadman # & Marked	4	Satisfactory			

Dehydrator	1	Satisfactory	condensate/oxide staining outside of vessel on berms, see "spills and releases"		
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Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS	
OTHER	0			,	
S/U/V:	Comment:				
Corrective Action:				Corrective Date:	

Paint

Condition	
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Other (Content) _____
 Other (Capacity) _____
 Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action _____ Corrective Date _____

Comment _____

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	OTHER	Open Top	,	
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
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action _____ Corrective Date _____

Comment Note: condensate/staining on gravel, see "spills and releases"

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 216343

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: 216343 Type: WELL API Number: 067-07949 Status: PR Insp. Status: PR

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? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass CM _____

CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? _____

1003d. 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? Pass

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced Pass Recontoured Pass Perennial forage re-established Pass

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: shares location with other operator.

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 _____

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 _____ 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
Gravel	Pass	Compaction	Pass			
Compaction	Pass					
Berms	Pass					

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT