

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
	FIELD INSPECTION FORM				Inspection Date: <u>01/09/2014</u> Document Number: <u>670201125</u> Overall Inspection: <u>Satisfactory</u>			
Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>				
	<u>211107</u>	<u>335160</u>	<u>BURGER, CRAIG</u>	2A Doc Num: _____				

Operator Information:

OGCC Operator Number: _____

Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Address: 1001 17TH STREET - SUITE #1200

City: 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
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor
Moss, Brad		Brad.Moss@wpxenergy.com	Production Foreman
Gardner, Michael		Michael.Gardner@wpxenergy.com	Environmental Manager

Compliance Summary:

QtrQtr: SWSE Sec: 16 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)
03/17/2010	200239284	PR	PR	Satisfactory			No
01/18/2000	200004673	PR	PR	Satisfactory		Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
211107	WELL	PR	11/07/1994	GW	045-06866	CLOUGH RMV 4-16	PR	<input checked="" type="checkbox"/>
279769	WELL	PR	04/27/2007	GW	045-11084	CLOUGH RWF 343-16	PR	<input checked="" type="checkbox"/>
279896	WELL	PR	04/27/2007	GW	045-11095	CLOUGH RWF 433-16	PR	<input checked="" type="checkbox"/>
279897	WELL	PR	04/27/2007	GW	045-11096	CLOUGH RMV 164-16	PR	<input checked="" type="checkbox"/>
279899	WELL	PR	04/27/2007	GW	045-11097	CLOUGH RWF 431-21	PR	<input checked="" type="checkbox"/>
279901	WELL	PR	04/27/2007	GW	045-11098	CLOUGH RWF 534-16	PR	<input checked="" type="checkbox"/>
279903	WELL	PR	07/31/2008	GW	045-11099	CLOUGH RWF 33-16	PR	<input checked="" type="checkbox"/>
279904	WELL	PR	04/27/2007	GW	045-11100	CLOUGH RMV 151-21	PR	<input checked="" type="checkbox"/>
279907	WELL	PR	04/27/2007	GW	045-11101	CLOUGH RWF 434-16	PR	<input checked="" type="checkbox"/>
279908	WELL	PR	08/18/2008	GW	045-11103	CLOUGH RWF 541-21	PR	<input checked="" type="checkbox"/>
279909	WELL	PR	07/31/2008	GW	045-11102	CLOUGH RWF 334-16	PR	<input checked="" type="checkbox"/>
279910	WELL	PR	04/27/2007	GW	045-11104	CLOUGH RWF 333-16	PR	<input checked="" type="checkbox"/>
279911	WELL	PR	04/27/2007	GW	045-11105	CLOUGH RWF 344-16	PR	<input checked="" type="checkbox"/>

279912	WELL	PR	04/27/2007	GW	045-11106	CLOUGH RWF 543-16	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

<u>Signs/Marker:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			

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

Comment: _____

Corrective Action: _____

<u>Spills:</u>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

<u>Fencing/:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory	wire fence		
SEPARATOR	Satisfactory	wire fence		
WELLHEAD	Satisfactory	wire fence		

<u>Equipment:</u>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	14	Satisfactory			
Gas Meter Run	1	Satisfactory			
Pig Station	1	Satisfactory			
Bird Protectors	8	Satisfactory			
Gathering Line	1	Satisfactory			
Horizontal Heated Separator	14	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	300 BBLS	STEEL AST	,
S/U/V:	Satisfactory	Comment: Same berm as 400 bbl tanks.		
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
PRODUCED WATER	2	200 BBLS	STEEL AST	,
S/U/V:	Satisfactory	Comment: Same berm as 400 bbl tanks.		
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	400 BBLS	STEEL AST	39.519830,-107.889240	
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	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No	Comment				
YES	Bradenhead valves open.				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 211107

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: 211107 Type: WELL API Number: 045-06866 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 279769 Type: WELL API Number: 045-11084 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 279896 Type: WELL API Number: 045-11095 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 279897	Type: WELL	API Number: 045-11096	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 279899	Type: WELL	API Number: 045-11097	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 279901	Type: WELL	API Number: 045-11098	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 279903	Type: WELL	API Number: 045-11099	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 279904	Type: WELL	API Number: 045-11100	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 279907	Type: WELL	API Number: 045-11101	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 279908	Type: WELL	API Number: 045-11103	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 279909	Type: WELL	API Number: 045-11102	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 279910	Type: WELL	API Number: 045-11104	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 279911	Type: WELL	API Number: 045-11105	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 279912	Type: WELL	API Number: 045-11106	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): N
 Comment: _____
 Pilot: _____ Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____
 Land Use: _____
 Comment: Snow cover limited inspection.
 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 ? Pass
 1003c. Compacted areas have been cross ripped? _____
 1003d. Drilling pit closed? Pass 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? 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? _____

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: _____

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
Compaction	Pass	Compaction	Pass			

S/U/V: _____ Corrective Date: _____

Comment: Snow cover limited inspection.

CA: _____

Pits: NO SURFACE INDICATION OF PIT