

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:
01/10/2014

Document Number:
663902635

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>334706</u>	<u>334706</u>	<u>LONGWORTH, MIKE</u>	<input type="checkbox"/>	

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
Gardner, Michael	970/285-9377 ext. 2760	Michael.Gardner@WPXEnerg y.com	Principal Environmental Specialist
Moss, Brad	(970) 285-9377	Brad.Moss@WPXEnerg.com	Production foreman
Kellerby, Shaun		shaun.kellerby@state.co.us	

Compliance Summary:

QtrQtr: S2NE Sec: 1 Twp: 7S Range: 95W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
210941	WELL	PR	01/28/1991	OW	045-06699	GRAND VALLEY RANCH CO GV 83-1	PR	<input checked="" type="checkbox"/>
283569	WELL	PR	03/02/2006	GW	045-11940	DIAMOND ELK PA 31-1	PR	<input checked="" type="checkbox"/>
283587	WELL	PR	03/02/2006	GW	045-11964	DIAMOND ELK PA 42-1	PR	<input checked="" type="checkbox"/>
291028	WELL	PR	06/13/2007	GW	045-14268	DIAMOND ELK PA 431-1	PR	<input checked="" type="checkbox"/>
291029	WELL	PR	06/13/2007	GW	045-14267	DIAMOND ELK PA 332-1	PR	<input checked="" type="checkbox"/>
291031	WELL	PR	06/13/2007	GW	045-14266	DIAMOND ELK PA 432-1	PR	<input checked="" type="checkbox"/>
291033	WELL	PR	07/08/2009	GW	045-14265	DIAMOND ELK PA 342-1	PR	<input checked="" type="checkbox"/>
291062	WELL	PR	06/14/2007	GW	045-14278	DIAMOND ELK PA 41-1	PR	<input checked="" type="checkbox"/>
291063	WELL	PR	06/29/2008	GW	045-14279	DIAMOND ELK PA 331-1	PR	<input checked="" type="checkbox"/>
291189	WELL	PR	07/31/2008	GW	045-14315	DIAMOND ELK PA 541-1	PR	<input checked="" type="checkbox"/>
291192	WELL	PR	06/29/2008	GW	045-14316	DIAMOND ELK PA 441-1	PR	<input checked="" type="checkbox"/>
291207	WELL	PR	06/29/2007	GW	045-14321	DIAMOND ELK PA 341-1	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

Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	Snow packed.		

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Unsatisfactory	210 bbl Methanol tank needs additional information. Volume, operator name, and contact #	Install sign to comply with rule 210.	01/31/2014
WELLHEAD	Satisfactory			
CONTAINERS	Satisfactory			

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

Comment: _____

Corrective Action: _____

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

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	12	Satisfactory			
Horizontal Heated Separator	12	Satisfactory			
Bird Protectors	6	Satisfactory			
Ancillary equipment	3	Satisfactory	Chemical totes at wells		

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
METHANOL	1	200 BBLS	STEEL AST	39.469910,-107.943120
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				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	39.469990,-107.943160
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				

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:			
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No	Comment				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 334706

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: 210941 Type: WELL API Number: 045-06699 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 283569 Type: WELL API Number: 045-11940 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 283587 Type: WELL API Number: 045-11964 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 291028	Type: WELL	API Number: 045-14268	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 291029	Type: WELL	API Number: 045-14267	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 291031	Type: WELL	API Number: 045-14266	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 291033	Type: WELL	API Number: 045-14265	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 291062	Type: WELL	API Number: 045-14278	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 291063	Type: WELL	API Number: 045-14279	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 291189	Type: WELL	API Number: 045-14315	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 291192	Type: WELL	API Number: 045-14316	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 291207	Type: WELL	API Number: 045-14321	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? _____ 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: Snow covering location and reclaim area unable to inspect

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
Berms		Compaction	Pass	MHSP	Pass	
Seeding						
Compaction	Pass	Ditches				

S/U/V: Satisfactory Corrective Date: _____

Comment: snow covered BMPs

CA: _____

Pits: NO SURFACE INDICATION OF PIT