

**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:

01/22/2014

Document Number:

670201188

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	279768	311629	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		Brad.Moss@wpxenergy.com	Production Foreman
Gardner, Michael		Michael.Gardner@wpxenergy.com	Environmental Manager
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor
AHLSTRAND, DENNIS		dennis.ahlstrand@state.co.us	

Compliance Summary:QtrQtr: SWNE 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	200237495	PR	PR	Satisfactory			No
03/12/2008	200128202	PR	PR	Satisfactory			No

Inspector Comment:

Added producing wells 045-06249, 045-11146, 045-11147, 045-11148, and 045-11149 (separate COGCC location #335570) to this location.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
210493	WELL	PR		GW	045-06249	CLOUGH 7	PR	<input checked="" type="checkbox"/>
279768	WELL	PR	09/06/2005	GW	045-11085	CLOUGH RWF 531-16	PR	<input checked="" type="checkbox"/>
280007	WELL	PR	09/13/2005	GW	045-11142	CLOUGH RWF 41-16	PR	<input checked="" type="checkbox"/>
280008	WELL	PR	09/13/2005	GW	045-11143	CLOUGH RWF 341-16	PR	<input checked="" type="checkbox"/>
280009	WELL	PR	06/08/2006	GW	045-11144	CLOUGH RWF 31-16	PR	<input checked="" type="checkbox"/>
280010	WELL	PR	09/13/2005	GW	045-11145	CLOUGH RWF 431-16	PR	<input checked="" type="checkbox"/>
280011	WELL	PR		GW	045-11146	CLOUGH RWF 331-16	PR	<input checked="" type="checkbox"/>
280012	WELL	PR		GW	045-11147	CLOUGH RWF 432-16	PR	<input checked="" type="checkbox"/>
280013	WELL	PR		GW	045-11148	CLOUGH RWF 533-16	PR	<input checked="" type="checkbox"/>

Inspector Name: BURGER, CRAIG

280014	WELL	PR		GW	045-11149	CLOUGH RWF 332-16	PR	<input checked="" type="checkbox"/>
280015	WELL	PR	06/08/2006	GW	045-11150	CLOUGH RWF 541-16	PR	<input checked="" type="checkbox"/>
280016	WELL	PR	10/12/2006	GW	045-11151	CLOUGH RWF 42-16	PR	<input checked="" type="checkbox"/>
280017	WELL	PR	09/13/2005	GW	045-11152	CLOUGH RWF 441-16	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 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
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	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
TANK BATTERY	Satisfactory	plunger lift		
LOCATION	Satisfactory	barbed wire		
WELLHEAD	Satisfactory	wire fence		
SEPARATOR	Satisfactory	plunger lift		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	13	Satisfactory			
Ancillary equipment	1	Satisfactory	methanol unit		
Gas Meter Run	1	Satisfactory			
Gathering Line	1	Satisfactory			
Plunger Lift	13	Satisfactory			
Bird Protectors	7	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	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
PRODUCED WATER	1	<100 BBLS	STEEL AST	,

S/U/V:	Satisfactory	Comment: same berm as 400 bbl tanks		
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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

Corrective Action		Corrective Date	
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Comment	
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Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	400 BBLS	STEEL AST	39.527650,-107.890920	
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: 279768

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: 210493 Type: WELL API Number: 045-06249 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 279768 Type: WELL API Number: 045-11085 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 280007 Type: WELL API Number: 045-11142 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 280008	Type: WELL	API Number: 045-11143	Status: PR	Insp. Status: PR
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Producing WellComment: plunger lift

Facility ID: 280009	Type: WELL	API Number: 045-11144	Status: PR	Insp. Status: PR
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Producing WellComment: plunger lift

Facility ID: 280010	Type: WELL	API Number: 045-11145	Status: PR	Insp. Status: PR
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Producing WellComment: plunger lift

Facility ID: 280011	Type: WELL	API Number: 045-11146	Status: PR	Insp. Status: PR
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Producing WellComment: plunger lift

Facility ID: 280012	Type: WELL	API Number: 045-11147	Status: PR	Insp. Status: PR
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Producing WellComment: plunger lift

Facility ID: 280013	Type: WELL	API Number: 045-11148	Status: PR	Insp. Status: PR
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Producing WellComment: plunger lift

Facility ID: 280014	Type: WELL	API Number: 045-11149	Status: PR	Insp. Status: PR
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Producing WellComment: plunger lift

Facility ID: 280015	Type: WELL	API Number: 045-11150	Status: PR	Insp. Status: PR
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Producing WellComment: plunger lift

Facility ID: 280016	Type: WELL	API Number: 045-11151	Status: PR	Insp. Status: PR
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Producing WellComment: plunger lift

Facility ID: 280017	Type: WELL	API Number: 045-11152	Status: PR	Insp. Status: PR
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Producing WellComment: plunger lift**Environmental****Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Inspector Name: BURGER, CRAIG

Reportable: _____		GPS: Lat _____		Long _____	
Proximity to Surface Water: _____		Depth to Ground Water: _____			
Water Well:					
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? Pass _____		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					
<u>Cropland</u>					
	Top soil replaced _____		Recontoured _____		Perennial forage re-established _____
<u>Non-Cropland</u>					
	Top soil replaced _____		Recontoured _____		80% Revegetation _____

Inspector Name: BURGER, CRAIG

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
Sediment Traps	Pass	Sediment Traps	Pass			
Compaction	Pass	Compaction	Pass			
		Culverts	Pass			

S/U/V: Satisfactory _____

Corrective Date: _____

Comment: Snow cover limited inspection.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT