

**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:

02/18/2014

Document Number:

663902796

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>335107</u>	<u>335107</u>	<u>LONGWORTH, MIKE</u>	<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	Production foreman
Kellerby, Shaun		shaun.kellerby@state.co.us	
AHLSTRAND, DENNIS		dennis.ahlstrand@state.co.us	
Gardner, Michael	970/285-9377 ext. 2760	Michael.Gardner@WPXEnergy.com	Principal Environmental Specialist

Compliance Summary:

QtrQtr: <u>NWNE</u>		Sec: <u>32</u>	Twp: <u>6S</u>		Range: <u>96W</u>		
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/18/2013	663902524			Satisfactory			No

Inspector Comment:Added well FEDERAL #GV 17-32 (045-06629)**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
210871	WELL	PR		OW	045-06629	FEDERAL GV 17-32	PR	<input checked="" type="checkbox"/>
286133	WELL	PR	08/11/2006	GW	045-12618	WILLIAMS GM 424-29	PR	<input checked="" type="checkbox"/>
286134	WELL	PR	08/11/2006	GW	045-12617	WILLIAMS GM 324-29	PR	<input checked="" type="checkbox"/>
286135	WELL	PR	08/11/2006	GW	045-12616	WILLIAMS GM 24-29	PR	<input checked="" type="checkbox"/>
286136	WELL	PR	08/11/2006	GW	045-12615	WILLIAMS GM 21-32	PR	<input checked="" type="checkbox"/>
298157	WELL	PR	09/05/2008	GW	045-17087	WILLIAMS GM 321-32	PR	<input checked="" type="checkbox"/>
298158	WELL	PR	06/30/2009	GW	045-17088	WILLIAMS GM 513-29	PR	<input checked="" type="checkbox"/>
298159	WELL	PR	09/05/2008	GW	045-17089	WILLIAMS GM 322-32	PR	<input checked="" type="checkbox"/>
298160	WELL	PR	09/05/2008	GW	045-17090	WILLIAMS GM 421-32	PR	<input checked="" type="checkbox"/>
298161	WELL	PR	06/28/2009	GW	045-17091	WILLIAMS GM 514-29	PR	<input checked="" type="checkbox"/>
298162	WELL	PR	09/05/2008	GW	045-17092	WILLIAMS GM 414-29	PR	<input checked="" type="checkbox"/>
298163	WELL	PR	09/05/2008	GW	045-17093	WILLIAMS GM314-29	PR	<input checked="" type="checkbox"/>
298164	WELL	PR	09/05/2008	GW	045-17094	WILLIAMS GM14-29	PR	<input checked="" type="checkbox"/>

298165	WELL	PR	09/05/2008	GW	045-17095	WILLIAMS GM 311-32	PR	<input checked="" type="checkbox"/>
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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	wet and muddy		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Satisfactory	Continue weed control		

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
WELLHEAD	Satisfactory			
LOCATION	Satisfactory	Reclaim areas		
TANK BATTERY	Satisfactory			
SEPARATOR	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	14	Satisfactory			
Bird Protectors	8	Satisfactory			
Plunger Lift	14	Satisfactory			

Inspector Name: LONGWORTH, MIKE

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: Open ended vent stacks on produced water 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
Comment	

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	300 BBLS	STEEL AST	,
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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action	Corrective Date
Comment	

Venting:		
Yes/No	Comment	
YES	Bradens are venting	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 335107

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: 210871 Type: WELL API Number: 045-06629 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 286133 Type: WELL API Number: 045-12618 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 286134 Type: WELL API Number: 045-12617 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID:	286135	Type:	WELL	API Number:	045-12616	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	286136	Type:	WELL	API Number:	045-12615	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	298157	Type:	WELL	API Number:	045-17087	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	298158	Type:	WELL	API Number:	045-17088	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	298159	Type:	WELL	API Number:	045-17089	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	298160	Type:	WELL	API Number:	045-17090	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	298161	Type:	WELL	API Number:	045-17091	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	298162	Type:	WELL	API Number:	045-17092	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	298163	Type:	WELL	API Number:	045-17093	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	298164	Type:	WELL	API Number:	045-17094	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	298165	Type:	WELL	API Number:	045-17095	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? Pass 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? Pass

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? Fail

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

RESTORATION AND REVEGETATION

Inspector Name: LONGWORTH, MIKE

Cropland

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: **Reclaim areas are bare in some areas and/or over taken with weeds. Erosion cuts running down reclaimed hillside.**

Overall Interim Reclamation **Fail**

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	Gravel				
Compaction	Pass	Compaction				
Berms	Pass	Culverts				
Ditches	Pass	Ditches				
Seeding	Fail					

S/U/V: **Unsatisfactory** Corrective Date: **04/01/2014**

Comment: **Reclaim areas need seeding/mulching. Erosion of hillside behind the well heads.**

CA: **Continue with seeding in reclaim areas when season allow. Repair and prevent erosion on hillside**

Pits: ☐ NO SURFACE INDICATION OF PIT