

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:
05/15/2014

Document Number:
673400547

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>316596</u>	<u>316596</u>	<u>Waldron, Emily</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>96850</u>
Name of Operator:	<u>WPX ENERGY ROCKY MOUNTAIN LLC</u>
Address:	<u>1001 17TH STREET - SUITE #1200</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>

- 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	All inspections
KELLERBY, SHAUN		shaun.kellerby@state.co.us	
Gardner, Michael	970-623-4875	michael.gardner@wpxenergy.com	

Compliance Summary:

QtrQtr: NESW Sec: 35 Twp: 1s Range: 98w

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
287639	WELL	PR	10/31/2006	GW	103-10934	FEDERAL RGU 23-35-198	PR	<input checked="" type="checkbox"/>
301961	WELL	PR	12/08/2011	GW	103-11490	FEDERAL RGU 322-35-198	PR	<input checked="" type="checkbox"/>
301962	WELL	PR	02/23/2011	GW	103-11491	FEDERAL RGU 412-35-198	PR	<input checked="" type="checkbox"/>
301963	WELL	PR	02/23/2011	GW	103-11492	FEDERAL RGU 522-35-198	PR	<input checked="" type="checkbox"/>
301964	WELL	PR	04/05/2011	GW	103-11493	FEDERAL RGU 532-35-198	PR	<input checked="" type="checkbox"/>
301965	WELL	PR	07/12/2012	GW	103-11494	Federal RGU 13-35-198	PR	<input checked="" type="checkbox"/>
419627	WELL	PR	10/10/2012	GW	103-11801	Federal RGU 523-35-198	PR	<input checked="" type="checkbox"/>
419628	WELL	PR	07/12/2012	GW	103-11802	Federal RGU 413-35-198	PR	<input checked="" type="checkbox"/>
419629	WELL	PR	10/19/2012	GW	103-11803	Federal RGU 33-35-198	PR	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

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Inspector Name: Waldron, Emily

Special Purpose Pits: _____	Drilling Pits: <u>3</u>	Wells: <u>9</u>	Production Pits: _____
Condensate Tanks: <u>6</u>	Water Tanks: <u>6</u>	Separators: <u>2</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: <u>2</u>
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY	At seperators.		

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____

Comment: 970-285-9377

Corrective Action: _____

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

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

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Deadman # & Marked	10	SATISFACTORY			
Pig Station	1	SATISFACTORY			
Horizontal Heated Separator	5	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
Horizontal Heater Treater	1	SATISFACTORY			
Bird Protectors		SATISFACTORY			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	500 BBLS	HEATED STEEL AST	,
S/A/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	Standing water in berm.			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	4	500 BBLS	HEATED STEEL AST	39.919140,-108.363460
S/A/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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment	Standing water in berm.			

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 316596

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AV: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	kubeczko	Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations; including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures sufficiently protective of nearby surface water. If fluids are conveyed via pipeline, operator must implement best management practices to contain any unintentional release of fluids.	08/30/2010
OGLA	kubeczko	The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1.	08/30/2010
OGLA	kubeczko	No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. The entire base of the pit must be in cut.	08/30/2010
OGLA	kubeczko	Reserve pit must be lined. If the existing reserve/drilling or multi-well pit is not lined, then it must be lined in accordance with COGCC Rule 904 prior to being used.	08/30/2010

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 287639 Type: WELL API Number: 103-10934 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 301961 Type: WELL API Number: 103-11490 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 301962 Type: WELL API Number: 103-11491 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 301963 Type: WELL API Number: 103-11492 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 301964 Type: WELL API Number: 103-11493 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 301965 Type: WELL API Number: 103-11494 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 419627 Type: WELL API Number: 103-11801 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 419628 Type: WELL API Number: 103-11802 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 419629 Type: WELL API Number: 103-11803 Status: PR Insp. Status: PR

Producing Well

Comment:

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: RANGELAND
 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? _____ Production areas stabilized ? Pass
 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? Pass Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Inspector Name: Waldron, Emily

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: RANGELAND
 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			
Retention Ponds	Pass					
Mulching	Pass					
Gravel	Pass	Gravel	Pass			
Hydro Mulch	Pass					
Rip Rap	Pass					
Berms	Pass	Ditches	Pass			

S/A/V: SATISFACTOR Corrective Date: _____
 Y _____
 Comment: No apparent soil migration; erosion or soil movement. Cuttings have been cross ripped, seeded and straw mulched.
 CA: _____

Pits: NO SURFACE INDICATION OF PIT