

**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

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:
	316596	316596	Waldron, Emily	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 96850Name 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	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**

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
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☐ 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			

Inspector Name: Waldron, Emily

Facilities:		<input type="checkbox"/> 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
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Comment Standing water in berm.

Facilities:		<input type="checkbox"/> 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
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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/A/V: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	kubeczkod	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	kubeczkod	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	kubeczkod	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	kubeczkod	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/A/V: _____ **Comment:** _____**CA:** _____**Date:** _____**Wildlife BMPs:****S/A/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:

Inspector Name: Waldron, Emily

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:

Inspector Name: Waldron, Emily

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