

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:
06/05/2014

Document Number:
663903289

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335096	335096	LONGWORTH, MIKE	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: 96850

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

Compliance Summary:

QtrQtr: SWNW Sec: 36 Twp: 6S Range: 96W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
278365	WELL	AL	05/23/2008	LO	045-10870	FEDERAL GM 322-36	AL	<input type="checkbox"/>
278366	WELL	PR	04/02/2007	GW	045-10871	FEDERAL GM 22-36	PR	<input checked="" type="checkbox"/>
278367	WELL	PR	04/02/2007	GW	045-10872	FEDERAL GM 312-36	PR	<input checked="" type="checkbox"/>
281029	WELL	PR	06/13/2007	GW	045-11396	FEDERAL GM 511-36	PR	<input checked="" type="checkbox"/>
281031	WELL	PR	06/13/2007	GW	045-11397	FEDERAL GM 422-36	PR	<input checked="" type="checkbox"/>
281032	WELL	PR	06/13/2007	GW	045-11398	FEDERAL GM 512-36	PR	<input checked="" type="checkbox"/>
281033	WELL	PR	06/27/2006	GW	045-11399	FEDERAL GM 412-36	PR	<input checked="" type="checkbox"/>
281034	WELL	PR	06/13/2007	GW	045-11400	FEDERAL GM 421-36	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/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	GM 422-36 sign needs cleaned		
BATTERY	SATISFACTORY	Api numbers are incorrect on battery sign at separators		
TANK LABELS/PLACARDS	SATISFACTORY			

Emergency Contact Number (S/A/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/Action Required	Comment	Corrective Action	CA Date
TANK BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			
SEPARATOR	SATISFACTORY			

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Deadman # & Marked	8	SATISFACTORY			
Bird Protectors	4	SATISFACTORY			
Horizontal Heated Separator	8	SATISFACTORY			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLs	STEEL AST	39.482090,-108.062810

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 _____

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 335096

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

S/AV: _____
 Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

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: 278366 Type: WELL API Number: 045-10871 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: <u>278367</u>	Type: <u>WELL</u>	API Number: <u>045-10872</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: Producing well				

Facility ID: <u>281029</u>	Type: <u>WELL</u>	API Number: <u>045-11396</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: Producing well				

Facility ID: <u>281031</u>	Type: <u>WELL</u>	API Number: <u>045-11397</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: Producing well				

Facility ID: <u>281032</u>	Type: <u>WELL</u>	API Number: <u>045-11398</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: Producing well				

Facility ID: <u>281033</u>	Type: <u>WELL</u>	API Number: <u>045-11399</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: Producing well				

Facility ID: <u>281034</u>	Type: <u>WELL</u>	API Number: <u>045-11400</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

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? _____ CM _____
 CA _____ CA Date _____
 Waste Material Onsite? _____ CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? _____ 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: _____

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 _____

Inspector Name: LONGWORTH, MIKE

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	Ditches				
Compaction	Pass	Compaction				
Seeding		Gravel				
Ditches	Fail	Culverts				

S/A/V: **ACTION REQUIRED** Corrective Date: **07/05/2014**

Comment: **Erosion of location cut wall. Ditch around wall is full of sediment.**

CA: **Continue seeding of slope cut. Clean out ditch.**

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
663903290	Battery sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3359265
663903291	Well sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3359266
663903292	Slope bare and eroding	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3359267