

**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
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Inspection Date:

06/05/2014

Document Number:

663903294

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335189	335189	LONGWORTH, MIKE	<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	(970) 285-9377	Brad.Moss@WPXEnergy.com	Production foreman
Gardner, Michael	970/285-9377 ext. 2760	Michael.Gardner@WPXEnergy.com	Principal Environmental Specialist
Kellerby, Shaun		shaun.kellerby@state.co.us	

Compliance Summary:

QtrQtr: <u>NWNW</u>		Sec: <u>36</u>	Twp: <u>6S</u>	Range: <u>96W</u>			
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/21/2014	663902863			SATISFACTORY Y			No
07/05/2013	663801233			SATISFACTORY Y			No
07/05/2013	663801234			ACTION REQUIRED	I		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
277196	WELL	PR	01/06/2006	GW	045-10635	FEDERAL GM 41-35	PR	<input checked="" type="checkbox"/>
277197	WELL	AL	12/06/2005	LO	045-10636	FEDERAL GM 341-35	AL	<input type="checkbox"/>
277218	WELL	PR	03/17/2005	GW	045-10639	FEDERAL GM 311-36	PR	<input checked="" type="checkbox"/>
277219	WELL	PR	12/12/2005	GW	045-10638	FEDERAL GM 11-36	PR	<input checked="" type="checkbox"/>
287832	WELL	PR	07/30/2007	GW	045-13053	FEDERAL GM 441-35	PR	<input checked="" type="checkbox"/>
287833	WELL	PR	07/30/2007	GW	045-13052	FEDERAL GM 541-35	PR	<input checked="" type="checkbox"/>
287834	WELL	PR	07/26/2007	GW	045-13051	FEDERAL GM 424-25	PR	<input checked="" type="checkbox"/>
287835	WELL	PR	07/30/2007	GW	045-13050	FEDERAL GM 321-36	PR	<input checked="" type="checkbox"/>
287836	WELL	PR	07/30/2007	GW	045-13049	FEDERAL GM 521-36	PR	<input checked="" type="checkbox"/>
287837	WELL	PR	07/30/2007	GW	045-13048	FEDERAL GM 21-36	PR	<input checked="" type="checkbox"/>
287878	WELL	PR	07/30/2007	GW	045-13087	FEDERAL GM 411-36	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

287879	WELL	PR	07/30/2007	GW	045-13086	FEDERAL GM 31-35	PR	<input checked="" type="checkbox"/>
287880	WELL	PR	07/30/2007	GW	045-13085	FEDERAL GM 14-25	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 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/Action Required	comment	Corrective Action	Date
Access	ACTION REQUIRED	Road is showing erosion thru ruts	Maintain road	07/05/2014

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
CONTAINERS	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			

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

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	12	SATISFACTORY			
Bird Protectors	6	SATISFACTORY			
Horizontal Heated Separator	12	SATISFACTORY			

Inspector Name: LONGWORTH, MIKE

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	<100 BBLS	STEEL AST		
S/A/V:	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
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: 335189

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:**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:Summary of Operator Response to Landowner Issues:Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:**Facility**

Facility ID: 277196 Type: WELL API Number: 045-10635 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 277218 Type: WELL API Number: 045-10639 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 277219 Type: WELL API Number: 045-10638 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 287832 Type: WELL API Number: 045-13053 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 287833 Type: WELL API Number: 045-13052 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 287834 Type: WELL API Number: 045-13051 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 287835 Type: WELL API Number: 045-13050 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 287836 Type: WELL API Number: 045-13049 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 287837 Type: WELL API Number: 045-13048 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 287878 Type: WELL API Number: 045-13087 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 287879 Type: WELL API Number: 045-13086 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 287880 Type: WELL API Number: 045-13085 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

Inspector Name: LONGWORTH, MIKE

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? _____ 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 _____

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
Berms	Pass	Berms	Pass			
Slope Roughening	Pass	Ditches	Fail			
Seeding	Fail					
Gravel	Pass	Seeding	Pass			
Compaction	Pass	Compaction	Pass			
Ditches	Pass	Gravel	Pass			

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT