

**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:

06/19/2014

Document Number:

675200104

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>	2A Doc Num: _____
	335447	335447	CONKLIN, CURTIS		

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

Compliance Summary:QtrQtr: NWSW Sec: 16 Twp: 6S Range: 91W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
256093	WELL	PA	09/22/2010	GW	045-07422	JOLLEY 16-12	PA	<input checked="" type="checkbox"/>
295977	WELL	AL	07/28/2011	LO	045-15863	JOLLEY KP 413-16	AL	<input checked="" type="checkbox"/>
298575	WELL	AL	07/28/2011	LO	045-17259	JOLLEY KP 323-16	AL	<input checked="" type="checkbox"/>
298576	WELL	PR	07/03/2013	GW	045-17260	JOLLEY KP 23-16	PR	<input checked="" type="checkbox"/>
298577	WELL	AL	07/28/2011	LO	045-17261	JOLLEY KP 512-16	AL	<input checked="" type="checkbox"/>
298578	WELL	AL	07/28/2011	LO	045-17262	JOLLEY KP 513-16	AL	<input checked="" type="checkbox"/>
298579	WELL	PR	07/03/2013	GW	045-17263	JOLLEY KP 313-16	PR	<input checked="" type="checkbox"/>
298580	WELL	AL	07/28/2011	LO	045-17264	JOLLEY KP 423-16	AL	<input checked="" type="checkbox"/>
300491	WELL	AL	09/13/2011	LO	045-17915	JOLLEY 16-19D	AL	<input checked="" type="checkbox"/>
300558	WELL	AL	09/13/2011	LO	045-17942	KOKOPELLI FEDER 17-410D	AL	<input checked="" type="checkbox"/>
300559	WELL	AL	09/13/2011	LO	045-17943	KOKOPELLI FED 17-411D	AL	<input checked="" type="checkbox"/>
300604	WELL	AL	09/13/2011	LO	045-17941	KOKOPELLI FED 17-49D	AL	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: CONKLIN, CURTIS

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

Lease Road:				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Main	SATISFACTORY	Apply and maintain BMPs for storm water.		
Access	SATISFACTORY	Apply and maintain BMPs for storm water.		

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
CONTAINERS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
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
SEPARATOR	SATISFACTORY	Wire panels		
WELLHEAD	SATISFACTORY	Wire panels		
TANK BATTERY	SATISFACTORY	Wire panels		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Emission Control Device	1	SATISFACTORY	Not in use at time of inspection		
Ancillary equipment	1	SATISFACTORY	Chem unit w/ containment		
Bird Protectors	7	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
Plunger Lift	2	SATISFACTORY			
Compressor	1	SATISFACTORY			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	300 BBLS	HEATED STEEL AST	,	
S/A/V:	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	2	300 BBLS	HEATED STEEL AST	,	
S/A/V:	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					
Same as condensate tanks					
<u>Venting:</u>					
Yes/No		Comment			
NO					
<u>Flaring:</u>					
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date	

Predrill

Location ID: 335447

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: 256093 Type: WELL API Number: 045-07422 Status: PA Insp. Status: PA

Facility ID: 295977 Type: WELL API Number: 045-15863 Status: AL Insp. Status: AL

Facility ID: 298575 Type: WELL API Number: 045-17259 Status: AL Insp. Status: AL

Facility ID: 298576 Type: WELL API Number: 045-17260 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 298577 Type: WELL API Number: 045-17261 Status: AL Insp. Status: AL

Facility ID: 298578 Type: WELL API Number: 045-17262 Status: AL Insp. Status: AL

Facility ID: 298579 Type: WELL API Number: 045-17263 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 298580 Type: WELL API Number: 045-17264 Status: AL Insp. Status: AL

Facility ID: 300491 Type: WELL API Number: 045-17915 Status: AL Insp. Status: AL

Facility ID: 300558 Type: WELL API Number: 045-17942 Status: AL Insp. Status: AL

Facility ID: 300559 Type: WELL API Number: 045-17943 Status: AL Insp. Status: AL

Facility ID: 300604 Type: WELL API Number: 045-17941 Status: AL Insp. Status: AL

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 REVEGETATIONCropland

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
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Ditches	Pass			
Berms	Pass	Compaction	Pass	MHSP	Pass	
Rip Rap	Pass					
Seeding						

S/A/V: **ACTION REQUIRED** Corrective Date: **07/18/2014**

Comment: **Erosion and riling along cut slopes. see attached pictures. No checks in barditches along roads.**

CA: **Apply and maintain BMPs for storm water.**

Pits: ☐ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Erosion and riling along cut slopes. see attached pictures. No checks in barditches along roads.	conklinc	06/19/2014

Attached Documents

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

Document Num	Description	URL
675200111	Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3369055