

**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:

06/23/2014

Document Number:

675100116

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335414	335414	GRANAHAN, KYLE	<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	Production Super
Kellerby, Shaun		shaun.kellerby@state.co.us	
Gardner, Michael		michael.gardner@wpxenergy.com	Environmental Manager

Compliance Summary:

QtrQtr: <u>SENE</u>		Sec: <u>31</u>	Twp: <u>6S</u>	Range: <u>95W</u>			
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
09/13/2013	663902181			SATISFACTORY Y	F		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
257369	WELL	PR	12/01/2010	GW	045-07550	FEDERAL PA 42-31	PR	<input checked="" type="checkbox"/>
292426	WELL	PR	12/25/2008	GW	045-14722	FEDERAL PA 442-31	PR	<input checked="" type="checkbox"/>
293018	WELL	PR	10/18/2007	GW	045-14842	FEDERAL PA 432-31	PR	<input checked="" type="checkbox"/>
293038	WELL	PR	10/19/2007	GW	045-14843	FEDERAL PA 33-31	PR	<input checked="" type="checkbox"/>
293039	WELL	PR	10/19/2007	GW	045-14844	FEDERAL PA 333-31	PR	<input checked="" type="checkbox"/>
293040	WELL	PR	10/19/2007	GW	045-14845	FEDERAL PA 433-31	PR	<input checked="" type="checkbox"/>
293041	WELL	PR	09/30/2008	GW	045-14846	FEDERAL PA 533-31	PR	<input checked="" type="checkbox"/>
293042	WELL	PR	10/19/2007	GW	045-14847	FEDERAL PA 342-31	PR	<input checked="" type="checkbox"/>
293043	WELL	PR	12/25/2008	GW	045-14848	FEDERAL PA 542-31	PR	<input checked="" type="checkbox"/>
293046	WELL	PR	11/01/2008	GW	045-14849	FEDERAL PA 343-31	PR	<input checked="" type="checkbox"/>
293049	WELL	PR	11/07/2008	GW	045-14850	FEDERAL PA 443-31	PR	<input checked="" type="checkbox"/>
293051	WELL	PR	12/25/2008	GW	045-14851	FEDERAL PA 543-31	PR	<input checked="" type="checkbox"/>
293054	WELL	PR	11/07/2008	GW	045-14852	FEDERAL PA 332-31	PR	<input checked="" type="checkbox"/>
293055	WELL	PR	12/25/2008	GW	045-14853	FEDERAL PA 32-31	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**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	ACTION REQUIRED	2 signs at well PA-42-31 & PA-42-31W	Install sign to comply with rule 210.	07/15/2014
TANK LABELS/PLACARDS	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
WELLHEAD	SATISFACTORY			
SEPARATOR	SATISFACTORY			
TANK BATTERY	SATISFACTORY			

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Bird Protectors	9	SATISFACTORY			
Horizontal Heated Separator	15	SATISFACTORY			
Plunger Lift	14	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	1 methanol injection tote at wellheads with secondary containment		

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:	
<u>Paint</u>					
Condition					
Other (Content) _____					
Other (Capacity) 80 BBL _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	300 BBLS	STEEL AST		
S/A/V:	SATISFACTORY		Comment: Same berm as produced water		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition					
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					
<u>Venting:</u>					
Yes/No		Comment			
YES		Bradens open to vent			
<u>Flaring:</u>					
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date	

Predrill

Location ID: 335414

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: 257369 Type: WELL API Number: 045-07550 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 292426 Type: WELL API Number: 045-14722 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 293018 Type: WELL API Number: 045-14842 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 293038	Type: WELL	API Number: 045-14843	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR				
Facility ID: 293039	Type: WELL	API Number: 045-14844	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR				
Facility ID: 293040	Type: WELL	API Number: 045-14845	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR				
Facility ID: 293041	Type: WELL	API Number: 045-14846	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR				
Facility ID: 293042	Type: WELL	API Number: 045-14847	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR				
Facility ID: 293043	Type: WELL	API Number: 045-14848	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR				
Facility ID: 293046	Type: WELL	API Number: 045-14849	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR				
Facility ID: 293049	Type: WELL	API Number: 045-14850	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR				
Facility ID: 293051	Type: WELL	API Number: 045-14851	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR				
Facility ID: 293054	Type: WELL	API Number: 045-14852	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR				
Facility ID: 293055	Type: WELL	API Number: 045-14853	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR				
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: _____

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

Inspector Name: GRANAHAH, KYLE

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

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Attached Documents

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

Document Num	Description	URL
675100116	INSPECTION APPROVED	http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3373718