

**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:

07/15/2014

Document Number:

668402432

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	210830	335255	BROWNING, CHUCK	<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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Carter, Peggy	970-263-2750	Peggy.Carter@wpxenergy.co.m	Operations Engineer

Compliance Summary:QtrQtr: SENE Sec: 29 Twp: 6S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/27/2011	200321595	PR	PR	SATISFACTORY Y			No
09/08/2008	200198488	PR	PR	SATISFACTORY Y			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159418	UIC DISPOSAL	AC	05/28/2013		-	DOE 2-W-29	AC	<input checked="" type="checkbox"/>
210830	WELL	IJ	06/28/2013	DSPW	045-06588	DOE 2-W-29	AC	<input checked="" type="checkbox"/>
271714	WELL	PR	09/20/2004	GW	045-09938	FEDERAL PA 332-29	PR	<input checked="" type="checkbox"/>
271715	WELL	PR	10/04/2004	GW	045-09937	FEDERAL PA 32-29	PR	<input checked="" type="checkbox"/>
271716	WELL	PR	09/20/2004	GW	045-09936	FEDERAL PA 31-29	PR	<input checked="" type="checkbox"/>
271765	WELL	PR	09/20/2004	GW	045-09949	FEDERAL PA 331-29	PR	<input checked="" type="checkbox"/>
416914	WELL	PR	12/08/2011	GW	045-19394	Federal PA 422-29	PR	<input checked="" type="checkbox"/>
416915	WELL	PR	12/08/2011	GW	045-19395	Federal PA 522-29	PR	<input checked="" type="checkbox"/>
416917	WELL	PR	12/08/2011	GW	045-19396	Federal PA 322-29	PR	<input checked="" type="checkbox"/>
416918	WELL	PR	12/08/2011	GW	045-19397	Federal PA 22-29	PR	<input checked="" type="checkbox"/>
416925	WELL	PR	09/03/2011	GW	045-19398	Federal PA 21-29	PR	<input checked="" type="checkbox"/>
416927	WELL	PR	12/08/2011	OW	045-19399	Federal PA 321-29	PR	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: <u>1</u>	Drilling Pits: _____	Wells: <u>11</u>	Production Pits: _____
Condensate Tanks: <u>2</u>	Water Tanks: <u>2</u>	Separators: <u>11</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: <u>1</u>
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			
Access	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	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?**Venting:**

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 210830

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:

Group	User	Comment	Date
Agency	garrisop	Location is in a sensitive area because of proximity to surface water; therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations.	04/23/2010
Agency	garrisop	Operator must implement best management practices to contain any unintentional release of fluids.	04/23/2010

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

Facility ID: 159418 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: 576**UIC Routine**
 Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) _____ Inj Zone: _____

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: **UIC - Routine inspection**

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

 Facility ID: 210830 Type: WELL API Number: 045-06588 Status: IJ Insp. Status: AC
Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine
 Inj./Tube: Pressure or inches of Hg 580 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) _____ Inj Zone: WSTC

 TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 05/17/2013

 Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____
Comment: **UIC - Routine inspection**Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

 Facility ID: 271714 Type: WELL API Number: 045-09938 Status: PR Insp. Status: PR
Producing WellComment: **Plunger Lift**
 Facility ID: 271715 Type: WELL API Number: 045-09937 Status: PR Insp. Status: PR
Producing WellComment: **Plunger Lift**
 Facility ID: 271716 Type: WELL API Number: 045-09936 Status: PR Insp. Status: PR
Producing WellComment: **Plunger Lift**
 Facility ID: 271765 Type: WELL API Number: 045-09949 Status: PR Insp. Status: PR
Producing WellComment: **Plunger Lift**
 Facility ID: 416914 Type: WELL API Number: 045-19394 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 416915 Type: WELL API Number: 045-19395 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 416917 Type: WELL API Number: 045-19396 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 416918 Type: WELL API Number: 045-19397 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 416925 Type: WELL API Number: 045-19398 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 416927 Type: WELL API Number: 045-19399 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift****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

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:	<u>OTHER, RANGELAND</u>		
Comment:	<div style="border: 1px solid black; height: 20px;"></div>		
1003a.	Debris removed?	<u>Pass</u>	CM _____
	CA _____		CA Date _____
	Waste Material Onsite?	<u>Pass</u>	CM _____
	CA _____		CA Date _____
	Unused or unneeded equipment onsite?	<u>Pass</u>	CM _____
	CA _____		CA Date _____
	Pit, cellars, rat holes and other bores closed?	<u>Pass</u>	CM _____
	CA _____		CA Date _____
	Guy line anchors removed?	_____	CM _____
	CA _____		CA Date _____
	Guy line anchors marked?	<u>Pass</u>	CM _____
	CA _____		CA Date _____
1003b.	Area no longer in use?	<u>Pass</u>	Production areas stabilized ? <u>Pass</u>
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?	<u>Pass</u>	
	Production areas have been stabilized?	<u>Pass</u>	Segregated soils have been replaced? _____
RESTORATION AND REVEGETATION			
<u>Cropland</u>			
	Top soil replaced _____	Recontoured _____	Perennial forage re-established _____
<u>Non-Cropland</u>			
	Top soil replaced _____	Recontoured _____	80% Revegetation _____
1003 f.	Weeds Noxious weeds?	<u>P</u>	
Comment:	<div style="border: 1px solid black; height: 20px;"></div>		
Overall Interim Reclamation	In Process		

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____	Date Final Reclamation Completed: _____
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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 _____

Inspector Name: BROWNING, CHUCK

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	Gravel	Pass	MHSP	Pass	

S/A/V: SATISFACTOR _____ Corrective Date: _____
Y _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT