

**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:  
07/23/2014

Document Number:  
674700087

Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                        |                          |             |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:        | On-Site Inspection       | 2A Doc Num: |
|                     | <u>324413</u> | <u>324413</u> | <u>LONGWORTH, MIKE</u> | <input type="checkbox"/> |             |

**Operator Information:**

|                       |  |
|-----------------------|--|
| OGCC Operator Number: | <u>96850</u>                                     |
| Name of Operator:     | <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>             |
| Address:              | <u>1001 17TH STREET - SUITE #1200</u>            |
| City:                 | <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> |

- 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    |                                    |
| 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 |

**Compliance Summary:**

| QtrQtr:    | <u>SESW</u> | Sec:       | <u>19</u>   | Twp:                          | <u>5S</u> | Range:         | <u>97W</u>      |
|------------|-------------|------------|-------------|-------------------------------|-----------|----------------|-----------------|
| Insp. Date | Doc Num     | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I  | Pas/Fail (P/F) | Violation (Y/N) |
| 06/21/2013 | 663801169   |            |             | SATISFACTORY<br>Y             | I         |                | No              |

**Inspector Comment:**

\_\_\_\_\_

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name        | Insp Status                            |
|-------------|------|--------|-------------|------------|-----------|----------------------|--|
| 290470      | WELL | PR     | 05/07/2007  | GW         | 045-14114 | CHEVRON TR 14-19-597 | PR <input checked="" type="checkbox"/> |
| 422270      | PIT  | AC     | 03/22/2011  |            | -         | TR 24-19-597         | AC <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**

\_\_\_\_\_

| <b>Signs/Marker:</b> |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| BATTERY              | SATISFACTORY                 |         |                   |         |
| TANK LABELS/PLACARDS | SATISFACTORY                 |         |                   |         |
| CONTAINERS           | SATISFACTORY                 |         |                   |         |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

| <b>Good Housekeeping:</b> |                              |                       |                   |         |
|---------------------------|------------------------------|-----------------------|-------------------|---------|
| Type                      | Satisfactory/Action Required | Comment               | Corrective Action | CA Date |
| WEEDS                     | SATISFACTORY                 | Continue weed control |                   |         |

| <b>Spills:</b>   |      |        |                   |         |
|--|------|--------|-------------------|---------|
| Type   | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? |      |        |                   |         |

| <b>Fencing/:</b> |                              |         |                   |         |
|------------------|------------------------------|---------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| PIT              | SATISFACTORY                 |         |                   |         |
| WELLHEAD         | SATISFACTORY                 |         |                   |         |
| TANK BATTERY     | SATISFACTORY                 |         |                   |         |
| SEPARATOR        | SATISFACTORY                 |         |                   |         |

| <b>Equipment:</b>   |   |                              |                    |                   |         |
|---------------------|---|------------------------------|--------------------|-------------------|---------|
| Type                | # | Satisfactory/Action Required | Comment            | Corrective Action | CA Date |
| Bird Protectors     | 2 | SATISFACTORY                 |                    |                   |         |
| Dehydrator          | 1 | SATISFACTORY                 |                    |                   |         |
| Plunger Lift        | 1 | SATISFACTORY                 |                    |                   |         |
| Ancillary equipment | 1 | SATISFACTORY                 | Chemical container |                   |         |

|                    |                              |                                   |                     |                  |                 |
|--------------------|------------------------------|-----------------------------------|---------------------|------------------|-----------------|
| <b>Facilities:</b> |                              | <input type="checkbox"/> New Tank | Tank ID: _____      |                  |                 |
| Contents           | #                            | Capacity                          | Type                | SE GPS           |                 |
| CONDENSATE         | 1                            | 300 BBLS                          | STEEL AST           | ,                |                 |
| S/AV:              | SATISFACTORY                 |                                   | Comment:            |                  |                 |
| Corrective Action: |                              |                                   |                     | Corrective Date: |                 |
| <b>Paint</b>       |                              |                                   |                     |                  |                 |
| Condition          | Adequate                     |                                   |                     |                  |                 |
| Other (Content)    | _____                        |                                   |                     |                  |                 |
| Other (Capacity)   | _____                        |                                   |                     |                  |                 |
| Other (Type)       | _____                        |                                   |                     |                  |                 |
| <b>Berms</b>       |                              |                                   |                     |                  |                 |
| Type               | Capacity                     | Permeability (Wall)               | Permeability (Base) | Maintenance      |                 |
| Earth              | Adequate                     | Walls Sufficient                  | Base Sufficient     | Adequate         |                 |
| Corrective Action  |                              |                                   |                     |                  | Corrective Date |
| Comment            |                              |                                   |                     |                  |                 |
| <b>Venting:</b>    |                              |                                   |                     |                  |                 |
| Yes/No             | Comment                      |                                   |                     |                  |                 |
|                    |                              |                                   |                     |                  |                 |
| <b>Flaring:</b>    |                              |                                   |                     |                  |                 |
| Type               | Satisfactory/Action Required | Comment                           | Corrective Action   | CA Date          |                 |
|                    |                              |                                   |                     |                  |                 |

**Predrill**

Location ID: 324413

**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: 290470 Type: WELL API Number: 045-14114 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 422270 Type: PIT API Number: - Status: AC Insp. Status: AC

**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**

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

| <b>Storm Water:</b> |                 |                         |                       |               |                          |         |
|---------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Loc Erosion BMPs    | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Seeding             | Pass            | Ditches                 | Pass                  |               |                          |         |
|                     |                 | Gravel                  | Pass                  |               |                          |         |
| Compaction          | Pass            | Compaction              | Pass                  | MHSP          | Pass                     |         |
| Gravel              | Pass            | Culverts                | Pass                  |               |                          |         |

S/A/V: SATISFACTOR Corrective Date: \_\_\_\_\_  
 Y \_\_\_\_\_  
 Comment: \_\_\_\_\_  
 CA: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT

Pit Type: \_\_\_\_\_ Lined: YES Pit ID: 422270 Lat: 39.593990 Long: -108.324200

**Lining:**

Liner Type: \_\_\_\_\_ Liner Condition: Adequate

Comment: \_\_\_\_\_

**Fencing:**

Fencing Type: Netting/Fen Fencing Condition: Adequate

Comment: \_\_\_\_\_

**Netting:**

Netting Type: Fence/Net Netting Condition: Good

Comment: \_\_\_\_\_

Anchor Trench Present: YES Oil Accumulation: NO 2+ feet Freeboard: \_\_\_\_\_

Pit (S/AV): SATISFACTOR Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

| Permit: | Facility ID | Permit Num | Expiration Date |
|---------|-------------|------------|-----------------|
|         | 422270      | 2213113    |                 |