

**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:

08/25/2014

Document Number:

674700257

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	383332	383332	LONGWORTH, MIKE	<input type="checkbox"/>	

Operator Information:

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

Contact Information:

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

Compliance Summary:QtrQtr: SESW Sec: 25 Twp: 6S Range: 95W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
301826	WELL	PR	04/16/2011	GW	045-18293	Mahaffey PA 344-25	<input checked="" type="checkbox"/>
301827	WELL	PR	04/16/2011	GW	045-18294	Mahaffey PA 44-25	<input checked="" type="checkbox"/>
301828	WELL	PR	04/16/2011	GW	045-18295	Mahaffey PA 543-25	<input checked="" type="checkbox"/>
301829	WELL	PR	04/16/2011	GW	045-18296	Mahaffey PA 443-25	<input checked="" type="checkbox"/>
301830	WELL	PR	04/16/2011	GW	045-18297	Mahaffey PA 343-25	<input checked="" type="checkbox"/>
301831	WELL	PR	04/16/2011	GW	045-18298	Mahaffey PA 43-25	<input checked="" type="checkbox"/>
301832	WELL	PR	02/28/2011	GW	045-18299	Mahaffey PA 534-25	<input checked="" type="checkbox"/>
301833	WELL	PR	04/16/2011	GW	045-18300	Mahaffey PA 434-25	<input checked="" type="checkbox"/>
301834	WELL	PR	04/16/2011	GW	045-18301	Mahaffey PA 334-25	<input checked="" type="checkbox"/>
301835	WELL	PR	11/15/2010	GW	045-18302	Mahaffey PA 34-25	<input checked="" type="checkbox"/>
301848	WELL	PR	04/16/2011	GW	045-18307	Mahaffey PA 544-25	<input checked="" type="checkbox"/>
301849	WELL	PR	10/07/2011	GW	045-18308	Mahaffey PA 444-25	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: LONGWORTH, MIKE

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/Unsatisfactory	Comment	Corrective Action	CA Date
CONTAINERS	Satisfactory			
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
	WELLHEAD	<= 5 bbls	Clean up oil and gease stains at wells	08/29/2014

☒ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
TANK BATTERY	Satisfactory			
SEPARATOR	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	6	Satisfactory			
Ancillary equipment	2	Satisfactory	chemical containers		
Emission Control Device	1	Satisfactory			
Horizontal Heated Separator	12	Satisfactory			
Plunger Lift	12	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	<100 BBLS	STEEL AST		
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) 80 bbl _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
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/U/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	
Metal	Adequate	Walls Sufficent	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	STEEL AST		
S/U/V:	Satisfactory		Comment: _____		
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No		Comment			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 383332

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****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: 301826 Type: WELL API Number: 045-18293 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 301827 Type: WELL API Number: 045-18294 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 301828 Type: WELL API Number: 045-18295 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Inspector Name: LONGWORTH, MIKE

Facility ID:	301829	Type:	WELL	API Number:	045-18296	Status:	PR	Insp. Status:	PR
<u>Producing Well</u>									
Comment:	<input type="text" value="Producing well"/>								
Facility ID:	301830	Type:	WELL	API Number:	045-18297	Status:	PR	Insp. Status:	PR
<u>Producing Well</u>									
Comment:	<input type="text" value="Producing well"/>								
Facility ID:	301831	Type:	WELL	API Number:	045-18298	Status:	PR	Insp. Status:	PR
<u>Producing Well</u>									
Comment:	<input type="text" value="Producing well"/>								
Facility ID:	301832	Type:	WELL	API Number:	045-18299	Status:	PR	Insp. Status:	PR
<u>Producing Well</u>									
Comment:	<input type="text" value="Producing well"/>								
Facility ID:	301833	Type:	WELL	API Number:	045-18300	Status:	PR	Insp. Status:	PR
<u>Producing Well</u>									
Comment:	<input type="text" value="Producing well"/>								
Facility ID:	301834	Type:	WELL	API Number:	045-18301	Status:	PR	Insp. Status:	PR
<u>Producing Well</u>									
Comment:	<input type="text" value="Producing well"/>								
Facility ID:	301835	Type:	WELL	API Number:	045-18302	Status:	PR	Insp. Status:	PR
<u>Producing Well</u>									
Comment:	<input type="text" value="Producing well"/>								
Facility ID:	301848	Type:	WELL	API Number:	045-18307	Status:	PR	Insp. Status:	PR
<u>Producing Well</u>									
Comment:	<input type="text" value="Producing well"/>								
Facility ID:	301849	Type:	WELL	API Number:	045-18308	Status:	PR	Insp. Status:	PR
<u>Producing Well</u>									
Comment:	<input type="text" value="Producing well"/>								
<u>Environmental</u>									
<u>Spills/Releases:</u>									
Type of Spill:	Description:			Estimated Spill Volume:					
Comment:	<input type="text"/>								
Corrective Action:								Date:	
Reportable:	GPS: Lat			Long					
Proximity to Surface Water:	Depth to Ground Water:								
<u>Water Well:</u>									
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:

Inspector Name: LONGWORTH, MIKE

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

Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Seeding	Pass	Gravel	Pass			
Gravel	Pass	Ditches	Pass			
Compaction	Pass	Compaction	Pass	MHSP	Pass	Secondary containment for chemical containers
Ditches	Pass	Culverts	Pass			

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____

Attached Documents

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

Document Num	Description	URL
674700258	Stains at well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3418501
674700259	Stains at well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3418502