

**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:  
09/19/2014

Document Number:  
674700342

Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                        |                          |             |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:        | On-Site Inspection       | 2A Doc Num: |
|                     | <u>324441</u> | <u>324441</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>NENW</u> | Sec: | <u>17</u> | Twp: | <u>7S</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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 10/08/2013 | 663902279 |            |             | SATISFACTORY                  | F        |                | No              |
| 10/08/2013 | 663902278 |            |             | SATISFACTORY                  |          |                | No              |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name         | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------|-------------------------------------|
| 297303      | WELL | PR     | 04/16/2009  | GW         | 045-16834 | NLW CONN CREEK 17-21D | PR          | <input checked="" type="checkbox"/> |
| 412590      | WELL | AL     | 06/22/2011  | LO         | 045-18510 | NLW CONN CREEK 8-215D | AL          | <input type="checkbox"/>            |
| 412592      | WELL | AL     | 06/22/2011  | LO         | 045-18509 | NLW CONN CREEK 8-216D | AL          | <input type="checkbox"/>            |
| 412593      | WELL | AL     | 06/22/2011  | LO         | 045-18508 | NLW CONN CREEK 8-214D | AL          | <input type="checkbox"/>            |
| 412594      | WELL | AL     | 06/22/2011  | LO         | 045-18507 | NLW CONN CREEK 8-213D | AL          | <input 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 |
| TANK LABELS/PLACARDS | SATISFACTORY                 |         |                   |         |
| BATTERY              | SATISFACTORY                 |         |                   |         |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |
| CONTAINERS           | 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 |
| WELLHEAD         | SATISFACTORY                 |         |                   |         |
| LOCATION         | SATISFACTORY                 |         |                   |         |

| <b>Equipment:</b>           |   |                              |                    |                   |         |
|-----------------------------|---|------------------------------|--------------------|-------------------|---------|
| Type                        | # | Satisfactory/Action Required | Comment            | Corrective Action | CA Date |
| Ancillary equipment         | 1 | SATISFACTORY                 | Chemical container |                   |         |
| Bird Protectors             | 5 | SATISFACTORY                 |                    |                   |         |
| Plunger Lift                | 1 | SATISFACTORY                 |                    |                   |         |
| Dehydrator                  | 1 | SATISFACTORY                 |                    |                   |         |
| Horizontal Heated Separator | 2 | SATISFACTORY                 |                    |                   |         |

|                    |              |                                   |                     |                  |
|--------------------|--------------|-----------------------------------|---------------------|------------------|
| <b>Facilities:</b> |              | <input type="checkbox"/> New Tank | Tank ID: _____      |                  |
| Contents           | #            | Capacity                          | Type                | SE GPS           |
| METHANOL           | 1            | <50 BBLS                          | 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      |
| Metal              | Adequate     | Walls Sufficient                  | Base Sufficient     | Adequate         |
| Corrective Action  |              |                                   |                     | Corrective Date  |
| Comment            |              |                                   |                     |                  |

|                    |              |                                   |                     |                  |
|--------------------|--------------|-----------------------------------|---------------------|------------------|
| <b>Facilities:</b> |              | <input type="checkbox"/> New Tank | Tank ID: _____      |                  |
| Contents           | #            | Capacity                          | Type                | SE GPS           |
| CONDENSATE         | 2            | 300 BBLS                          | 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      |
| Metal              | Adequate     | Walls Sufficient                  | Base Sufficient     | Adequate         |
| Corrective Action  |              |                                   |                     | Corrective Date  |
| Comment            |              |                                   |                     |                  |

|                    |                              |                                   |                     |                  |                 |
|--------------------|------------------------------|-----------------------------------|---------------------|------------------|-----------------|
| <b>Facilities:</b> |                              | <input type="checkbox"/> New Tank | Tank ID: _____      |                  |                 |
| Contents           | #                            | Capacity                          | Type                | SE GPS           |                 |
| PRODUCED WATER     | 3                            | 300 BBLS                          | HEATED 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      |                 |
| Metal              | 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: 324441

**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: 297303 Type: WELL API Number: 045-16834 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

**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 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

**Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Berms            | Pass            |                         |                       | MHSP          | Pass                     |         |
| Gravel           | Pass            |                         |                       |               |                          |         |
| Ditches          | Pass            |                         |                       |               |                          |         |
| Compaction       | Pass            |                         |                       |               |                          |         |
| Seeding          |                 |                         |                       |               |                          |         |

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

Comment:

CA:

**Pits:**  NO SURFACE INDICATION OF PIT