

**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

Inspection Date:  
10/20/2014Document Number:  
666800084Overall Inspection:  
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	300762	335209	Murray, Richard	<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 Foreman
Kellerby, Shaun		shaun.kellerby@state.us.co	
Gardner, Michael		Michael.Gardner@wpxenergy.com	Environmental Manager

**Compliance Summary:**QtrQtr: SENW Sec: 21 Twp: 6S Range: 91W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
291978	WELL	PR	10/01/2012	GW	045-14577	JOLLEY 21-3D	PR	<input checked="" type="checkbox"/>
291981	WELL	PR	09/10/2008	GW	045-14574	JOLLEY 21-2D	PR	<input checked="" type="checkbox"/>
299931	WELL	AL	11/04/2013	GW	045-17797	Jolley KP 522-21	AL	<input checked="" type="checkbox"/>
300760	WELL	PR	07/19/2011	GW	045-17996	Jolley KP 322-21	PR	<input checked="" type="checkbox"/>
300761	WELL	PR	07/03/2013	GW	045-17997	JOLLEY KP 522-21	PR	<input checked="" type="checkbox"/>
300762	WELL	PR	09/06/2011	GW	045-17998	Jolley KP 32-21	PR	<input checked="" type="checkbox"/>
300763	WELL	PR	11/01/2011	GW	045-17999	Jolley KP 332-21	PR	<input checked="" type="checkbox"/>
300764	WELL	PR	06/30/2011	GW	045-18000	Jolley KP 432-21	PR	<input checked="" type="checkbox"/>
300765	WELL	PR	01/17/2012	GW	045-18001	Jolley KP 532-21	PR	<input checked="" type="checkbox"/>

**Equipment:****Location Inventory**

Special Purpose Pits: <u>1</u>	Drilling Pits: <u>      </u>	Wells: <u>8</u>	Production Pits: <u>      </u>
Condensate Tanks: <u>2</u>	Water Tanks: <u>3</u>	Separators: <u>8</u>	Electric Motors: <u>      </u>
Gas or Diesel Mortors: <u>      </u>	Cavity Pumps: <u>      </u>	LACT Unit: <u>      </u>	Pump Jacks: <u>      </u>
Electric Generators: <u>      </u>	Gas Pipeline: <u>1</u>	Oil Pipeline: <u>      </u>	Water Pipeline: <u>1</u>
Gas Compressors: <u>      </u>	VOC Combustor: <u>      </u>	Oil Tanks: <u>      </u>	Dehydrator Units: <u>      </u>
Multi-Well Pits: <u>      </u>	Pigging Station: <u>      </u>	Flare: <u>      </u>	Fuel Tanks: <u>      </u>

**Location****Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY

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

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

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

**Good Housekeeping:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	SATISFACTORY	dehydrator	Remove unused equipment	

**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	Wire mesh		
TANK BATTERY	SATISFACTORY	Wire mesh		
SEPARATOR	SATISFACTORY	Wire mesh		

**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	1	SATISFACTORY	Water pump at tank battery		
Plunger Lift	8	SATISFACTORY			
Compressor	1	SATISFACTORY			
Gas Meter Run	2	SATISFACTORY			
Emission Control Device	1	SATISFACTORY	Disconnected		
Deadman # & Marked	4	SATISFACTORY			
Horizontal Heated Separator	9	SATISFACTORY			
Ancillary equipment	3	SATISFACTORY	Chemical units at wellhead		
Ancillary equipment	1	SATISFACTORY	Chemical unit by compressor		

**Facilities:**☐ New Tank

Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
OTHER	1	<50 BBLS	PLASTIC AST	,
S/A/V: SATISFACTORY	Comment: Antifreeze			

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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	
USED OIL	1	<50 BBLS	PLASTIC AST	,	
S/A/V:	SATISFACTORY		Comment: With lube oil		
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	
LUBE OIL	2	<50 BBLS	STEEL AST	39.515340,-107.561060	
S/A/V:	ACTION REQUIRED		Comment: No placard		
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	2	300 BBLS	STEEL AST	,	
S/A/V:	SATISFACTORY		Comment: <span style="color:red">Centralized battery</span>		
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	
Corrective Action				Corrective Date	
Comment					

  

<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	300 BBLS	HEATED STEEL AST	39.515010,-107.560830	
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	2	300 BBLS	STEEL AST	,	
S/A/V:	SATISFACTORY		Comment: <span style="color:red">Centralized tank battery</span>		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					

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Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action					Corrective Date
Comment					

<b>Venting:</b>		
Yes/No	Comment	
YES	Bradenhead valves open	

<b>Flaring:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

**Predrill**

Location ID: 300762

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/A/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

Group	User	Comment	Date
Agency	kubeczkod	The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1.	06/21/2010

**S/A/V:** SATISFACTORY **Comment:** No drilling or completions being performed at time of inspection, No surface indication of pit**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: 291978 Type: WELL API Number: 045-14577 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 291981 Type: WELL API Number: 045-14574 Status: PR Insp. Status: PR

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**Producing Well**

Comment: **Plunger lift**

Facility ID: 299931 Type: WELL API Number: 045-17797 Status: AL Insp. Status: AL

Facility ID: 300760 Type: WELL API Number: 045-17996 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Plunger lift**

Facility ID: 300761 Type: WELL API Number: 045-17997 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Plunger lift**

Facility ID: 300762 Type: WELL API Number: 045-17998 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Plunger lift**

Facility ID: 300763 Type: WELL API Number: 045-17999 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Plunger lift**

Facility ID: 300764 Type: WELL API Number: 045-18000 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Plunger lift**

Facility ID: 300765 Type: WELL API Number: 045-18001 Status: PR Insp. Status: PR

**Producing Well**

Comment: **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:**

Lat Long

DWR Receipt Num: Owner Name: GPS :

**Field Parameters:**

Sample Location:

Emission Control Burner (ECB):

Comment:

Pilot: \_\_\_\_\_ Wildlife Protection Devices (fired vessels): YES**Reclamation - Storm Water - Pit****Interim Reclamation:**

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: RANGELAND

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: RANGELAND

Reminder: \_\_\_\_\_

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

Well plugged \_\_\_\_\_ Pit mouse/rat holes, cellars backfilled \_\_\_\_\_

Debris removed \_\_\_\_\_ No disturbance /Location never built \_\_\_\_\_



Inspector Name: Murray, Richard

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:	<input type="text"/>		
Corrective Action:	<input type="text"/>	Date _____	
Overall Final Reclamation _____	Well Release on Active Location <input type="checkbox"/>	Multi-Well Location <input type="checkbox"/>	

**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:	<input type="text"/>
CA:	<input type="text"/>

**Pits:** ☐ NO SURFACE INDICATION OF PIT