

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:
11/05/2014

Document Number:
666800257

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>297506</u>	<u>335043</u>	<u>Murray, Richard</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
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:	<u>SWNW</u>	Sec:	<u>9</u>	Twp:	<u>7S</u>	Range:	<u>94W</u>
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Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
09/25/2012	663800510	PR	PR	SATISFACTORY	I		No
01/05/2010	200292531	WS	WO	SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
297501	WELL	PR	05/10/2011	GW	045-16870	Savage SR 23-9	PR	<input checked="" type="checkbox"/>
297502	WELL	PR	07/31/2008	GW	045-16871	SAVAGE SR 422-9	PR	<input checked="" type="checkbox"/>
297503	WELL	PR	05/10/2011	GW	045-16872	Savage SR 22-9	PR	<input checked="" type="checkbox"/>
297504	WELL	PR	05/10/2011	GW	045-16873	Savage SR 322-9	PR	<input checked="" type="checkbox"/>
297505	WELL	PR	04/16/2011	GW	045-16874	Savage SR 311-9	PR	<input checked="" type="checkbox"/>
297506	WELL	PR	04/16/2011	GW	045-16875	Savage SR 312-9	PR	<input checked="" type="checkbox"/>
297507	WELL	PR	02/28/2009	GW	045-16876	SAVAGE SR411-9	PR	<input checked="" type="checkbox"/>
297508	WELL	PR	02/28/2009	GW	045-16877	SAVAGE SR12-9	PR	<input checked="" type="checkbox"/>

297509	WELL	PR	08/16/2011	GW	045-16878	Savage SR 412-9	PR	<input checked="" type="checkbox"/>
297510	WELL	PR	07/31/2008	GW	045-16879	SAVAGE SR 413-9	PR	<input checked="" type="checkbox"/>
297511	WELL	PR	04/16/2011	GW	045-16880	Savage SR 11-9	PR	<input checked="" type="checkbox"/>
297512	WELL	PR	02/01/2011	GW	045-16881	Savage SR 21-9	PR	<input checked="" type="checkbox"/>
297513	WELL	PR	05/10/2011	GW	045-16882	Savage SR 313-9	PR	<input checked="" type="checkbox"/>
297514	WELL	PR	04/16/2011	GW	045-16883	Savage SR 421-9	PR	<input checked="" type="checkbox"/>
297515	WELL	PR	02/01/2011	GW	045-16884	Savage SR 321-9	PR	<input checked="" type="checkbox"/>
422641	PIT	CL	11/22/2010		-	SR 12-9	CL	<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

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

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

Comment: _____

Corrective Action: _____

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

<u>Fencing/:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
SEPARATOR	SATISFACTORY	Wire panel		
TANK BATTERY	SATISFACTORY	Wire panel		
WELLHEAD	SATISFACTORY	Wire panel		
LOCATION	SATISFACTORY	4 wire		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	15	SATISFACTORY			
Plunger Lift	15	SATISFACTORY			
Ancillary equipment	3	SATISFACTORY	Chemical units at wellhead		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	39.455280,-107.899620

S/A/V: SATISFACTORY Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition Adequate

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action _____ Corrective Date _____

Comment _____

Venting:

Yes/No Comment

YES Braedenhead valves open

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 297506

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: 297501 Type: WELL API Number: 045-16870 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 297502 Type: WELL API Number: 045-16871 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 297503 Type: WELL API Number: 045-16872 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 297504	Type: WELL	API Number: 045-16873	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297505	Type: WELL	API Number: 045-16874	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297506	Type: WELL	API Number: 045-16875	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297507	Type: WELL	API Number: 045-16876	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297508	Type: WELL	API Number: 045-16877	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297509	Type: WELL	API Number: 045-16878	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297510	Type: WELL	API Number: 045-16879	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297511	Type: WELL	API Number: 045-16880	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297512	Type: WELL	API Number: 045-16881	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297513	Type: WELL	API Number: 045-16882	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297514	Type: WELL	API Number: 045-16883	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297515	Type: WELL	API Number: 045-16884	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:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): N

Comment: _____
Pilot: _____ Wildlife Protection Devices (fired vessels): YES

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? _____

Inspector Name: Murray, Richard

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

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	422641	2213258	