

**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:
11/24/2014Document Number:
666800319Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	280514	335494	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
Gardner, Michael		Michael.Gardner@wpxenergy.com	Environmental Manager
Moss, Brad	(970) 285-9377/ (719) 429-3529	Brad.Moss@WPXEnergy.com	Production foreman
Kellerby, Shaun		shaun.kellerby@state.us.co	

Compliance Summary:QtrQtr: SWNE Sec: 29 Twp: 6S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/03/2011	200310086	PR	PR	SATISFACTORY			No
03/01/2011	200302426	PR	PR	SATISFACTORY			No
12/26/2006	200104985	PR	PR	SATISFACTORY	I	Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
280512	WELL	PR	05/08/2006	GW	045-11265	CLOUGH RMV 97-29	PR	<input checked="" type="checkbox"/>
280513	WELL	PR	05/08/2006	GW	045-11266	CLOUGH RWF 442-29	PR	<input checked="" type="checkbox"/>
280514	WELL	PR	05/08/2006	GW	045-11267	CLOUGH RWF 432-29	PR	<input checked="" type="checkbox"/>
297997	WELL	PR	08/27/2008	GW	045-17015	CLOUGH RWF 332-29	PR	<input checked="" type="checkbox"/>
297998	WELL	PR	08/27/2008	GW	045-17016	CLOUGH RWF 532-29	PR	<input checked="" type="checkbox"/>
297999	WELL	PR	08/27/2008	GW	045-17017	CLOUGH RWF 333-29	PR	<input checked="" type="checkbox"/>
298000	WELL	PR	04/30/2009	GW	045-17018	CLOUGH RWF 342-29	PR	<input checked="" type="checkbox"/>

298001	WELL	PR	04/30/2009	GW	045-17019	CLOUGH RMV 158-29	PR	<input checked="" type="checkbox"/>
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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**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
CONTAINERS	ACTION REQUIRED	Chemical units at wellhead	Install sign to comply with rule 210.	12/29/2014

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heater Treater	0	SATISFACTORY			
Horizontal Heated Separator	8	SATISFACTORY			
Plunger Lift	8	SATISFACTORY			

Venting:

Yes/No	Comment
YES	Bradenhead valves open

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
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Predrill

Location ID: 280514

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**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: 280512 Type: WELL API Number: 045-11265 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 280513 Type: WELL API Number: 045-11266 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 280514 Type: WELL API Number: 045-11267 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Inspector Name: Murray, Richard

Facility ID: 297997 Type: WELL API Number: 045-17015 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 297998 Type: WELL API Number: 045-17016 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 297999 Type: WELL API Number: 045-17017 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 298000 Type: WELL API Number: 045-17018 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 298001 Type: WELL API Number: 045-17019 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): 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:

Inspector Name: Murray, Richard

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: _____

Inspector Name: Murray, Richard

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

S/A/V: SATISFACTOR
Y Corrective Date:

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT