

**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:
12/08/2014Document Number:
666800384Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	289116	334999	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
Kellerby, Shaun		shaun.kellerby@state.us.co	
, Inspections		COGCCInspectionsReports@wxpenergy.com	Field Inspections

Compliance Summary:QtrQtr: NWSE Sec: 6 Twp: 7S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/04/2010	200237673	PR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
289103	WELL	PR	11/15/2007	GW	045-13672	FOSSIL CREEK RWF 533-6	PR	<input checked="" type="checkbox"/>
289104	WELL	PR	05/31/2009	GW	045-13671	FOSSIL CREEK RWF 33-6	PR	<input checked="" type="checkbox"/>
289105	WELL	PR	04/30/2009	GW	045-13670	FOSSIL CREEK RWF 433-6	PR	<input checked="" type="checkbox"/>
289106	WELL	PR	10/31/2008	GW	045-13669	FOSSIL CREEK RWF 333-6	PR	<input checked="" type="checkbox"/>
289107	WELL	PR	06/30/2009	GW	045-13668	FOSSIL CREEK RWF 542-6	PR	<input checked="" type="checkbox"/>
289108	WELL	PR	08/11/2009	GW	045-13667	FOSSIL CREEK RWF 543-6	PR	<input checked="" type="checkbox"/>
289109	WELL	PR	11/15/2007	GW	045-13666	FOSSIL CREEK RWF 334-6	PR	<input checked="" type="checkbox"/>
289110	WELL	PR	06/30/2009	GW	045-13665	FOSSIL CREEK RWF 444-6	PR	<input checked="" type="checkbox"/>
289111	WELL	PR	07/31/2009	GW	045-13664	FOSSIL CREEK RWF 344-6	PR	<input checked="" type="checkbox"/>

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289112	WELL	PR	08/11/2009	GW	045-13663	FOSSIL CREEK RWF 44-6	PR	<input checked="" type="checkbox"/>
289113	WELL	PR	04/01/2012	GW	045-13662	FOSSIL CREEK RWF 534-6	PR	<input checked="" type="checkbox"/>
289114	WELL	PR	05/31/2009	GW	045-13661	FOSSIL CREEK RWF 434-6	PR	<input checked="" type="checkbox"/>
289115	WELL	PR	06/30/2009	GW	045-13660	FOSSIL CREEK RWF 544-6	PR	<input checked="" type="checkbox"/>
289116	WELL	PR	11/15/2007	GW	045-13659	FOSSIL CREEK RWF 34-6	PR	<input checked="" type="checkbox"/>
289117	WELL	PR	06/30/2009	GW	045-13658	FOSSIL CREEK RWF 532-6	PR	<input checked="" type="checkbox"/>
289118	WELL	PR	08/11/2009	GW	045-13657	FOSSIL CREEK RWF 443-6	PR	<input checked="" type="checkbox"/>
289119	WELL	PR	07/31/2009	GW	045-13656	FOSSIL CREEK RWF 343-6	PR	<input checked="" type="checkbox"/>
289120	WELL	PR	06/30/2009	GW	045-13655	FOSSIL CREEK RWF 43-6	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
SEPARATOR	SATISFACTORY	Wire panel		
TANK BATTERY	SATISFACTORY	Wire panel		

Inspector Name: Murray, Richard

WELLHEAD	SATISFACTORY	Wire panel		
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Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Emission Control Device	1	SATISFACTORY	Disconnected		
Horizontal Heated Separator	18	SATISFACTORY			
Ancillary equipment	4	SATISFACTORY	Chemical unit at wellhead		
Gas Meter Run	1	SATISFACTORY			
Bird Protectors	10	SATISFACTORY			
Plunger Lift	18	SATISFACTORY			

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	39.464280,-107.926160
S/A/V: SATISFACTORY	Comment:			
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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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				

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 BBLS	STEEL AST	,
S/A/V: SATISFACTORY	Comment: Centralized battery			
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

Comment	
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Venting:	
Yes/No	Comment
YES	Bradenhead valves open

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 289116

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: 289103 Type: WELL API Number: 045-13672 Status: PR Insp. Status: PR

Producing Well				
Comment:	Plunger lift			
Facility ID:	289104	Type:	WELL	API Number: 045-13671 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			
Facility ID:	289105	Type:	WELL	API Number: 045-13670 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			
Facility ID:	289106	Type:	WELL	API Number: 045-13669 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			
Facility ID:	289107	Type:	WELL	API Number: 045-13668 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			
Facility ID:	289108	Type:	WELL	API Number: 045-13667 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			
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Comment:	Plunger lift			
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Producing Well				
Comment:	Plunger lift			
Facility ID:	289112	Type:	WELL	API Number: 045-13663 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			
Facility ID:	289113	Type:	WELL	API Number: 045-13662 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			
Facility ID:	289114	Type:	WELL	API Number: 045-13661 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			

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Facility ID: 289115 Type: WELL API Number: 045-13660 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 289116 Type: WELL API Number: 045-13659 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 289117 Type: WELL API Number: 045-13658 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 289118 Type: WELL API Number: 045-13657 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 289119 Type: WELL API Number: 045-13656 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 289120 Type: WELL API Number: 045-13655 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): Y

Comment: ECB is disconnected

Pilot: OFF Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Interim Reclamation:

Inspector Name: Murray, Richard

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Debris removed? Pass CM _____
CA _____ CA Date _____
Waste Material Onsite? Pass CM _____
CA _____ CA Date _____
Unused or unneeded equipment onsite? Pass CM _____
CA _____ CA Date _____
Pit, cellars, rat holes and other bores closed? Pass CM _____
CA _____ CA Date _____
Guy line anchors removed? _____ CM _____
CA _____ CA Date _____
Guy line anchors marked? Pass CM _____
CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? Pass

1003d. Drilling pit closed? Pass 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? Pass 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 _____

Inspector Name: Murray, Richard

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
		Seeding	Pass			
Seeding	Pass					
Gradient Terraces	Pass					
		Gravel	Pass			
Retention Ponds	Pass					
Ditches	Pass					
Berms	Pass					

S/A/V: SATISFACTOR
Y _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT