

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:
12/08/2014

Document Number:
666800385

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>288644</u>	<u>334988</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
Kellerby, Shaun		shaun.kellerby@state.us.co	
, Inspections		COGCCInspectionsReports@wxpenergy.com	Field Inspections

Compliance Summary:

QtrQtr: SENE 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	200237707	PR	PR	SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
288639	WELL	PR	11/02/2007	GW	045-13299	FOSSIL CREEK RWF 441-6	PR	<input checked="" type="checkbox"/>
288640	WELL	PR	02/28/2009	GW	045-13300	FOSSIL CREEK RWF 332-6	PR	<input checked="" type="checkbox"/>
288641	WELL	PR	02/28/2009	GW	045-13301	FOSSIL CREEK RWF 431-6	PR	<input checked="" type="checkbox"/>
288642	WELL	PR	10/31/2008	GW	045-13302	FOSSIL CREEK RWF 41-6	PR	<input checked="" type="checkbox"/>
288643	WELL	PR	12/02/2008	GW	045-13303	FOSSIL CREEK RWF 541-6	PR	<input checked="" type="checkbox"/>
288644	WELL	PR	02/28/2009	GW	045-13304	FOSSIL CREEK RWF 31-6	PR	<input checked="" type="checkbox"/>
288646	WELL	PR	02/28/2009	GW	045-13305	FOSSIL CREEK RWF 531-6	PR	<input checked="" type="checkbox"/>
288647	WELL	PR	11/02/2007	GW	045-13306	FOSSIL CREEK RWF 442-6	PR	<input checked="" type="checkbox"/>
288679	WELL	PR	02/28/2009	GW	045-13323	FOSSIL CREEK RWF 341-6	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

288680	WELL	PR	03/13/2009	GW	045-13322	FOSSIL CREEK RWF 42-6	PR	<input checked="" type="checkbox"/>
288681	WELL	PR	11/02/2008	GW	045-13321	FOSSIL CREEK RWF 331-6	PR	<input checked="" type="checkbox"/>
288682	WELL	PR	02/21/2009	GW	045-13320	FOSSIL CREEK RWF 432-6	PR	<input checked="" type="checkbox"/>
288683	WELL	PR	02/28/2009	GW	045-13319	FOSSIL CREEK RWF 32-6	PR	<input checked="" type="checkbox"/>
288685	WELL	PR	03/13/2009	GW	045-13318	FOSSIL CREEK RWF 342-6	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 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
CONTAINERS	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	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?				

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	3	SATISFACTORY	Chemical units at wellhead		
Horizontal Heated Separator	14	SATISFACTORY			
Plunger Lift	14	SATISFACTORY			

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:
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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
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Comment	
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Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	39.470140,-107.923730

S/A/V:	SATISFACTORY	Comment:	
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Corrective Action:	Corrective Date:
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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
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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: 288644

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: 288639 Type: WELL API Number: 045-13299 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 288640 Type: WELL API Number: 045-13300 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 288641 Type: WELL API Number: 045-13301 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 288642	Type: WELL	API Number: 045-13302	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 288643	Type: WELL	API Number: 045-13303	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 288644	Type: WELL	API Number: 045-13304	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 288646	Type: WELL	API Number: 045-13305	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 288647	Type: WELL	API Number: 045-13306	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 288679	Type: WELL	API Number: 045-13323	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 288680	Type: WELL	API Number: 045-13322	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 288681	Type: WELL	API Number: 045-13321	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 288682	Type: WELL	API Number: 045-13320	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 288683	Type: WELL	API Number: 045-13319	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 288685	Type: WELL	API Number: 045-13318	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: _____

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? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____

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

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? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Inspector Name: Murray, Richard

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
Ditches	Pass					
Slope Roughening	Pass					
		Culverts	Pass			
		Gravel	Pass			
		Ditches	Pass			
Seeding	Pass					
Berms	Pass					
Culverts	Pass					

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT