

**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:
12/17/2014Document Number:
674700750Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334832	334832	LONGWORTH, MIKE	<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
Inspection, WPX	970-263-2716	COGCCInspectionReports@wpxenergy.com	WPX Inspection Mail Box

Compliance Summary:QtrQtr: NENW Sec: 4 Twp: 7S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/06/2014	663903141			SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
211094	WELL	PR	07/11/1994	GW	045-06853	FEDERAL GR 21-4	PR	<input checked="" type="checkbox"/>
278196	WELL	PR	01/18/2013	GW	045-10859	FEDERAL GM 421-4	PR	<input checked="" type="checkbox"/>
278197	WELL	PR	11/04/2005	GW	045-10860	FEDERAL GM 521-4	PR	<input checked="" type="checkbox"/>
278198	WELL	PR	12/23/2005	GW	045-10861	FEDERAL GM 321-4	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

Inspector Name: LONGWORTH, MIKE

Lease Road:				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

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

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

Comment: 970-285-9377

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			
TANK BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Bird Protectors	4	SATISFACTORY			
Horizontal Heated Separator	4	SATISFACTORY			
Plunger Lift	4	SATISFACTORY			
Dehydrator	1	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY			

Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	300 BBLS	STEEL AST	,
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										
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate										
Corrective Action				Corrective Date										
Comment														
Facilities: <input type="checkbox"/> New Tank Tank ID: _____														
Contents	#	Capacity	Type	SE GPS										
PRODUCED WATER	1	200 BBLS	STEEL AST	,										
S/A/V:	SATISFACTORY		Comment:											
Corrective Action:				Corrective Date:										
Paint Condition Adequate Other (Content) _____ Other (Capacity) _____ Other (Type) _____														
Berms <table border="1"> <thead> <tr> <th>Type</th> <th>Capacity</th> <th>Permeability (Wall)</th> <th>Permeability (Base)</th> <th>Maintenance</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance										
Corrective Action				Corrective Date										
Comment Both tanks share same dirt berm														
Venting: <table border="1"> <thead> <tr> <th>Yes/No</th> <th>Comment</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>Bradens and glycol pump at separatos</td> </tr> </tbody> </table>					Yes/No	Comment	YES	Bradens and glycol pump at separatos						
Yes/No	Comment													
YES	Bradens and glycol pump at separatos													
Flaring: <table border="1"> <thead> <tr> <th>Type</th> <th>Satisfactory/Action Required</th> <th>Comment</th> <th>Corrective Action</th> <th>CA Date</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date					
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date										

Predrill

Location ID: 334832

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: 211094 Type: WELL API Number: 045-06853 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 278196 Type: WELL API Number: 045-10859 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 278197 Type: WELL API Number: 045-10860 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 278198 Type: WELL API Number: 045-10861 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

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):

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: Date Interim Reclamation Completed:

Land Use:

Comment:

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

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

Inspector Name: LONGWORTH, MIKE

- 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: _____

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
		Berms	Pass			
Check Dams	Pass					
		Ditches	Pass			
Mulching	Pass					
Berms	Pass					
Rip Rap	Pass					
		Culverts				
		Gravel	Pass			

Inspector Name: LONGWORTH, MIKE

		Compaction	Pass			
				MHSP	Pass	Chemical containers in secondary containment
Ditches	Pass					
		Check Dams	Pass			
Compaction	Pass					
Gravel	Pass					

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT