

**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:  
12/24/2014Document Number:  
674700780Overall Inspection:  
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335285	335285	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: NENE Sec: 33 Twp: 6S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/17/2013	663902514			<b>ACTION REQUIRED</b>	F		No

**Inspector Comment:**Conductor closed from last inspection 663902514**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
210747	WELL	PR	05/26/1985	GW	045-06505	GRAND VALLEY W-4	PR	<input checked="" type="checkbox"/>
210885	WELL	PR	07/10/1997	GW	045-06643	MOBIL GV 4-33	PR	<input checked="" type="checkbox"/>
268351	WELL	PR	10/06/2003	GW	045-09252	PA 31-33	PR	<input checked="" type="checkbox"/>
268352	WELL	PR	10/06/2003	GW	045-09251	PA 331-33	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

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

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

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

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

<b>Fencing/:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION	SATISFACTORY			
WELLHEAD	SATISFACTORY			
TANK BATTERY	SATISFACTORY			
SEPARATOR	SATISFACTORY			

<b>Equipment:</b>					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	3	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY			
Bird Protectors	4	SATISFACTORY			
Horizontal Heated Separator	4	SATISFACTORY			

<b>Facilities:</b>				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	STEEL AST	,
S/A/V: SATISFACTORY	Comment: _____			
Corrective Action:	_____			Corrective Date: _____

<b>Paint</b>	
Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Inspector Name: LONGWORTH, MIKE

Corrective Action				Corrective Date	
Comment					

  

<b>Venting:</b>		
Yes/No	Comment	
YES	W 4-33 and PA 331-33 bradens open to vent	

  

<b>Flaring:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

  

<b>Predrill</b>				
Location ID: 335285				
<b>Site Preparation:</b>				
Lease Road Adeq.:		Pads:	Soil Stockpile:	
<b>S/A/V:</b>				
Corrective Action:		Date:	CDP Num.:	
<b>Form 2A COAs:</b>				
<b>S/A/V:</b>		<b>Comment:</b>		
<b>CA:</b>		<b>Date:</b>		
<b>Wildlife BMPs:</b>				
<b>S/A/V:</b>		<b>Comment:</b>		
<b>CA:</b>		<b>Date:</b>		
<b>Stormwater:</b>				
<b>Comment:</b>				
<b>Staking:</b>				
<b>On Site Inspection (305):</b>				
<b>Surface Owner Contact Information:</b>				
Name:		Address:		
Phone Number:		Cell Phone:		
<b>Operator Rep. Contact Information:</b>				
Landman Name:		Phone Number:		
Date Onsite Request Received:		Date of Rule 306 Consultation:		
Request LGD Attendance:				
<b>LGD Contact Information:</b>				
Name:		Phone Number:	Agreed to Attend:	
<b>Summary of Landowner Issues:</b>				
<b>Summary of Operator Response to Landowner Issues:</b>				
<b>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</b>				

  

<b>Facility</b>									
Facility ID:	210747	Type:	WELL	API Number:	045-06505	Status:	PR	Insp. Status:	PR

**Producing Well**Comment: **Producing well**Facility ID: 210885 Type: WELL API Number: 045-06643 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 268351 Type: WELL API Number: 045-09252 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 268352 Type: WELL API Number: 045-09251 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:**

DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_ Lat \_\_\_\_\_ Long \_\_\_\_\_

**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 \_\_\_\_\_ 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 Conductor closed from last inspection  
 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? Pass Production areas stabilized ? Pass

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 ☐

Inspector Name: LONGWORTH, MIKE

<b>Storm Water:</b>						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Gravel	Pass			
		Ditches	Pass			
Compaction	Pass					
Seeding	Pass					
		Culverts	Pass			
				MHSP		Secondary containment under chemical container
Gravel	Pass					
		Compaction	Pass			

S/A/V: SATISFACTOR                      Corrective Date: \_\_\_\_\_  
Y \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

**Pits:**    ☒ NO SURFACE INDICATION OF PIT