

**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:

03/20/2015

Document Number:

674701117

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334772	334772	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: SWSW Sec: 35 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)
10/15/2014	674700419			SATISFACTORY			No

Inspector Comment:317B Intermediate Buffer (301'-500')**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
210758	WELL	PR	10/23/1986	GW	045-06516	DERE W-24-35	PR	<input checked="" type="checkbox"/>
210893	WELL	PR	05/03/1998	GW	045-06651	DERE GV 47-35	PR	<input checked="" type="checkbox"/>
281506	WELL	PR	04/11/2007	GW	045-11472	DERE PA 23-35	PR	<input checked="" type="checkbox"/>
281508	WELL	PR	07/08/2009	GW	045-11473	DERE PA 323-35	PR	<input checked="" type="checkbox"/>
288848	WELL	PR	01/10/2007	GW	045-13612	DERE/JENSEN PA 13-35	PR	<input checked="" type="checkbox"/>
288857	WELL	PR	01/10/2007	GW	045-13611	DERE/JENSEN PA313-35	PR	<input checked="" type="checkbox"/>
288858	WELL	PR	01/10/2007	GW	045-13610	DERE/JENSEN PA413-35	PR	<input checked="" type="checkbox"/>
288859	WELL	PR	01/10/2007	GW	045-13609	DERE/JENSEN PA 513-35	PR	<input checked="" type="checkbox"/>
288860	WELL	PR	01/10/2007	GW	045-13608	DERE/JENSEN PA 24-35	PR	<input checked="" type="checkbox"/>
288861	WELL	PR	01/10/2007	GW	045-13607	DERE/JENSEN PA 423-35	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

288862	WELL	PR	01/10/2007	GW	045-13606	DERE/JENSEN PA 523-35	PR	<input checked="" type="checkbox"/>
288863	WELL	PR	01/10/2007	GW	045-13605	DERE/JENSEN PA514-35	PR	<input checked="" type="checkbox"/>
288864	WELL	PR	01/10/2007	GW	045-13604	DERE/JENSEN PA 314-35	PR	<input checked="" type="checkbox"/>
288865	WELL	PR	01/10/2007	GW	045-13603	DERE/JENSEN PA414-35	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
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

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

Corrective Date: _____

Comment: **970-285-9377**

Corrective Action: _____

Spills:

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

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

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	14	SATISFACTORY			
Bird Protectors	8	SATISFACTORY			
Horizontal Heated Separator	14	SATISFACTORY			

Facilities:☐ New Tank

Tank ID: _____

Inspector Name: LONGWORTH, MIKE

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST	,
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				
Corrective Action				Corrective Date
Comment	Same berm for all 3 tanks			

Facilities: ☐ New Tank Tank ID: _____

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

Venting:

Yes/No	Comment
YES	Bradens open to vent

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 334772

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: 210758 Type: WELL API Number: 045-06516 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 210893 Type: WELL API Number: 045-06651 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281506 Type: WELL API Number: 045-11472 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281508	Type: WELL	API Number: 045-11473	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288848	Type: WELL	API Number: 045-13612	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288857	Type: WELL	API Number: 045-13611	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288858	Type: WELL	API Number: 045-13610	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288859	Type: WELL	API Number: 045-13609	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288860	Type: WELL	API Number: 045-13608	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288861	Type: WELL	API Number: 045-13607	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288862	Type: WELL	API Number: 045-13606	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288863	Type: WELL	API Number: 045-13605	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288864	Type: WELL	API Number: 045-13604	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288865	Type: WELL	API Number: 045-13603	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 _____ 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? _____ 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

Inspector Name: LONGWORTH, MIKE

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
Gravel	Pass					
		Compaction	Pass			
Ditches	Pass					
		Gravel	Pass			
Check Dams	Pass					
Seeding	Pass					
		Ditches	Pass			
Compaction	Pass					

S/A/V: SATISFACTOR _____

Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
317B Intermediate Buffer (301'-500')	longworm	03/20/2015