

**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:
03/24/2015Document Number:
666800791Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	298952	335503	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
, Inspections		COGCCInspectionsReports@wxpenergy.com	Field Inspections

Compliance Summary:QtrQtr: NESW Sec: 30 Twp: 6S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
09/27/2011	200323253	PR	PR	SATISFACTORY			No
03/01/2011	200300961	PR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
298949	WELL	PR	09/30/2009	GW	045-17487	BUXTON RWF 313-30	PR	<input checked="" type="checkbox"/>
298950	WELL	PR	12/11/2009	GW	045-17488	BUXTON RWF 13-30	PR	<input checked="" type="checkbox"/>
298951	WELL	PR	09/30/2009	GW	045-17489	BUXTON RWF 413-30	PR	<input checked="" type="checkbox"/>
298952	WELL	PR	01/11/2010	GW	045-17490	BUXTON RWF 513-30	PR	<input checked="" type="checkbox"/>
298953	WELL	PR	01/11/2010	GW	045-17491	BUXTON RWF 14-30	PR	<input checked="" type="checkbox"/>
298954	WELL	PR	08/11/2009	GW	045-17492	BUXTON RWF 314-30	PR	<input checked="" type="checkbox"/>
298955	WELL	PR	03/29/2010	GW	045-17493	BUXTON RWF 514-30	PR	<input checked="" type="checkbox"/>
298956	WELL	PR	10/14/2008	GW	045-17494	BUXTON RWF 323-30	PR	<input checked="" type="checkbox"/>
298957	WELL	PR	01/11/2010	GW	045-17495	BUXTON RWF 423-30	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

298958	WELL	PR	08/30/2009	GW	045-17496	BUXTON RWF 523-30	PR	<input checked="" type="checkbox"/>
298959	WELL	PR	08/31/2009	GW	045-17497	BUXTON RWF 24-30	PR	<input checked="" type="checkbox"/>
298960	WELL	PR	06/16/2009	GW	045-17498	BUXTON RWF 324-30	PR	<input checked="" type="checkbox"/>
298961	WELL	PR	06/16/2009	GW	045-17499	BUXTON RWF 424-30	PR	<input checked="" type="checkbox"/>
298962	WELL	PR	03/29/2010	GW	045-17500	BUXTON RWF 333-30	PR	<input checked="" type="checkbox"/>
298963	WELL	PR	09/30/2009	GW	045-17501	BUXTON RWF 33-30	PR	<input checked="" type="checkbox"/>
298964	WELL	PR	01/11/2010	GW	045-17502	BUXTON RWF 432-30	PR	<input checked="" type="checkbox"/>
299068	WELL	PR	01/11/2010	GW	045-17548	BUXTON RWF 23-30	PR	<input checked="" type="checkbox"/>
299069	WELL	PR	06/30/2009	GW	045-17549	BUXTON RWF 524-30	PR	<input checked="" type="checkbox"/>
299070	WELL	PR	04/06/2012	GW	045-17550	BUXTON RWF 522-30	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

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Inspector Name: Murray, Richard

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Emission Control Device	1	SATISFACTORY	Disconnected		
Ancillary equipment	4	SATISFACTORY	Chemical units at well head		
Horizontal Heated Separator	19	SATISFACTORY			
Plunger Lift	19	SATISFACTORY			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	2	1000 GAL	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 _____

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	3	300 BBLS	STEEL AST	39.534810,-107.790390

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 Insufficient	Adequate

Corrective Action _____ Corrective Date _____

Comment _____

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS

Inspector Name: Murray, Richard

PRODUCED WATER	3	300 BBLS	STEEL AST		
S/A/V:	SATISFACTORY		Comment: Centralizes battery		
Corrective Action:					Corrective Date:
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action					Corrective Date
Comment					
<u>Venting:</u>					
Yes/No		Comment			
YES		Bradenhead valves open			
<u>Flaring:</u>					
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date	

Predrill

Location ID: 298952

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: 298949 Type: WELL API Number: 045-17487 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 298950 Type: WELL API Number: 045-17488 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 298951 Type: WELL API Number: 045-17489 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID:	298952	Type:	WELL	API Number:	045-17490	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	298953	Type:	WELL	API Number:	045-17491	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	298954	Type:	WELL	API Number:	045-17492	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	298955	Type:	WELL	API Number:	045-17493	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	298956	Type:	WELL	API Number:	045-17494	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	298957	Type:	WELL	API Number:	045-17495	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	298958	Type:	WELL	API Number:	045-17496	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	298959	Type:	WELL	API Number:	045-17497	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	298960	Type:	WELL	API Number:	045-17498	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	298961	Type:	WELL	API Number:	045-17499	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	298962	Type:	WELL	API Number:	045-17500	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
Facility ID:	298963	Type:	WELL	API Number:	045-17501	Status:	PR	Insp. Status:	PR

Inspector Name: Murray, Richard

Producing Well

Comment: **Plunger lift**

Facility ID: 298964 Type: WELL API Number: 045-17502 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 299068 Type: WELL API Number: 045-17548 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 299069 Type: WELL API Number: 045-17549 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 299070 Type: WELL API Number: 045-17550 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: **Disconnected**

Pilot: OFF 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 _____

Inspector Name: Murray, Richard

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

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

S/A/V: SATISFACTOR

Corrective Date: _____

Y _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT