

**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

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Inspection Date:
04/16/2015Document Number:
674701279Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335060	335060	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: SENE Sec: 34 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)
08/22/2014	674700246			SATISFACTORY			No
12/17/2013	663902520			SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
210757	WELL	PA	08/02/2001		045-06515	ARCO-TOSCO W-21-34	PA	<input checked="" type="checkbox"/>
279996	WELL	PR	09/13/2005	GW	045-11159	PUCKETT/TOSCO PA 542-34	PR	<input checked="" type="checkbox"/>
279997	WELL	PR	11/14/2006	GW	045-11158	PUCKETT/TOSCO PA 412-35	PR	<input checked="" type="checkbox"/>
279999	WELL	PR	09/13/2005	GW	045-11157	PUCKETT/TOSCO PA 432-34	PR	<input checked="" type="checkbox"/>
280001	WELL	PR	09/13/2005	GW	045-11156	PUCKETT/TOSCO PA 532-34	PR	<input checked="" type="checkbox"/>
280003	WELL	PR	09/13/2005	GW	045-11155	PUCKETT/TOSCO PA 12-35	PR	<input checked="" type="checkbox"/>
280108	WELL	PR	09/19/2005	GW	045-11192	PUCKETT/TOSCO PA 312-35	PR	<input checked="" type="checkbox"/>
280109	WELL	PR	07/20/2006	GW	045-11193	PUCKETT/TOSCO PA 442-34	PR	<input checked="" type="checkbox"/>
280110	WELL	PR	09/19/2005	GW	045-11194	PUCKETT/TOSCO PA 332-34	PR	<input checked="" type="checkbox"/>
280111	WELL	PR	09/19/2005	GW	045-11195	PUCKETT/TOSCO PA 342-34	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

280112	WELL	PR	09/19/2005	GW	045-11196	PUCKETT/TOSCO PA 42-34	PR	<input checked="" type="checkbox"/>
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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
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	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
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☐ 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	6	SATISFACTORY			
Horizontal Heated Separator	10	SATISFACTORY			
Plunger Lift	10	SATISFACTORY			

Facilities:☐ 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

Inspector Name: LONGWORTH, MIKE

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth				
Corrective Action				Corrective Date
Comment	Shared berm			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	300 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment: No airs id on tank	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficent	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: 335060

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: 210757 Type: WELL API Number: 045-06515 Status: PA Insp. Status: PA

Facility ID: 279996 Type: WELL API Number: 045-11159 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 279997 Type: WELL API Number: 045-11158 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 279999 Type: WELL API Number: 045-11157 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 280001 Type: WELL API Number: 045-11156 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 280003 Type: WELL API Number: 045-11155 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 280108 Type: WELL API Number: 045-11192 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 280109 Type: WELL API Number: 045-11193 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 280110 Type: WELL API Number: 045-11194 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 280111 Type: WELL API Number: 045-11195 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 280112 Type: WELL API Number: 045-11196 Status: PR Insp. Status: PR

Producing WellComment: **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:

Inspector Name: LONGWORTH, MIKE

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

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: _____

Inspector Name: LONGWORTH, MIKE

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			
Gravel	Pass					
Berms	Pass					
Compaction	Pass					
Seeding	Pass					
		Ditches	Pass			
		Gravel	Pass			
		Compaction	Pass			

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT