

**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:
05/04/2015Document Number:
666800916Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	288284	335076	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		COGCCInspectionReports@wxpenergy.com	Field Inspections

Compliance Summary:QtrQtr: SENW Sec: 29 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)
11/24/2014	666800318	PR	PR	SATISFACTORY			No
05/03/2011	200310089	PR	PR	SATISFACTORY			No
03/01/2011	200302441	PR	PR	SATISFACTORY			No
06/08/2009	200213599	PR	PR	SATISFACTORY			No

Inspector Comment:*Action required items noted in previous inspection have been satisfied***Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
270355	WELL	PR	05/11/2004	GW	045-09533	CLOUGH RWF 322-29	PR	<input checked="" type="checkbox"/>
270359	WELL	PR	05/11/2004	GW	045-09532	CLOUGH RWF 22-29	PR	<input checked="" type="checkbox"/>
280050	WELL	PR	04/02/2006	GW	045-11162	CLOUGH RWF 522-29	PR	<input checked="" type="checkbox"/>
280051	WELL	PR	03/27/2006	GW	045-11163	CLOUGH RWF 21-29	PR	<input checked="" type="checkbox"/>
280052	WELL	PR	02/13/2006	GW	045-11164	CLOUGH RWF 422-29	PR	<input checked="" type="checkbox"/>
280053	WELL	PR	04/02/2006	GW	045-11165	CLOUGH RWF 423-29	PR	<input checked="" type="checkbox"/>
280054	WELL	PR	03/27/2006	GW	045-11166	CLOUGH RWF 23-29	PR	<input checked="" type="checkbox"/>
288284	WELL	PR	12/08/2006	GW	045-13183	CLOUGH RWF 512-29	PR	<input checked="" type="checkbox"/>

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288285	WELL	PR	12/08/2006	GW	045-13182	CLOUGH RWF 412-29	PR	<input checked="" type="checkbox"/>
288286	WELL	PR	12/08/2006	GW	045-13181	CLOUGH RWF 312-29	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**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY	AIRS ID 045-1203-001		

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?**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	3	SATISFACTORY	Chemical unit at wellhead		
Plunger Lift	10	SATISFACTORY			
Horizontal Heated Separator	10	SATISFACTORY			

Venting:

Yes/No	Comment
YES	Bradenhead valves open

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
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Predrill

Location ID: 288284

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: 270355 Type: WELL API Number: 045-09533 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 270359 Type: WELL API Number: 045-09532 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 280050 Type: WELL API Number: 045-11162 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

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Facility ID: 280051 Type: WELL API Number: 045-11163 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 280052 Type: WELL API Number: 045-11164 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 280053 Type: WELL API Number: 045-11165 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 280054 Type: WELL API Number: 045-11166 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 288284 Type: WELL API Number: 045-13183 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 288285 Type: WELL API Number: 045-13182 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 288286 Type: WELL API Number: 045-13181 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:

Lat Long

DWR Receipt Num: Owner Name: GPS :

Field Parameters:

Sample Location:

Emission Control Burner (ECB): N

Comment:

Pilot: _____ Wildlife Protection Devices (fired vessels): YES**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 _____
 CA _____ CA Date _____
 Guy line anchors removed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors marked? Pass CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? _____1003c. Compacted areas have been cross ripped? Pass1003d. 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 REVEGETATIONCropland

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 _____

Inspector Name: Murray, Richard

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
		Compaction	Pass			
Seeding	Pass					
Gravel	Pass					
Slope Roughening	Pass					
		Ditches	Pass			
Compaction	Pass					
Ditches	Pass					
		Gravel	Pass			

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT