

**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:
06/01/2015Document Number:
674701473Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335073	335073	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: SESW Sec: 26 Twp: 6S Range: 95W**Inspector Comment:**3 year inspection**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
263280	WELL	PR	09/27/2002	GW	045-08117	PA 324-26	PR	<input checked="" type="checkbox"/>
278146	WELL	PR	12/01/2010	GW	045-10839	PA 314-26	PR	<input checked="" type="checkbox"/>
279374	WELL	PR	12/01/2010	GW	045-11022	PA 414-26	PR	<input checked="" type="checkbox"/>
279375	WELL	PR	08/16/2005	GW	045-11023	PA 424-26	PR	<input checked="" type="checkbox"/>
279376	WELL	PR	08/16/2005	GW	045-11024	PA 524-26	PR	<input checked="" type="checkbox"/>
279377	WELL	PR	08/16/2005	GW	045-11025	PA 624-26	PR	<input checked="" type="checkbox"/>
279379	WELL	PR	06/14/2006	GW	045-11027	PA 321-35	PR	<input checked="" type="checkbox"/>
279459	WELL	PR	08/19/2005	GW	045-11040	PA 13-26	PR	<input checked="" type="checkbox"/>
279460	WELL	PR	08/19/2005	GW	045-11041	PA 313-26	PR	<input checked="" type="checkbox"/>
279461	WELL	PR	06/01/2006	GW	045-11042	PA 513-26	PR	<input checked="" type="checkbox"/>
279462	WELL	PR	12/01/2010	GW	045-11043	PA 413-26	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: LONGWORTH, MIKE

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
CONTAINERS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	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
WELLHEAD	SATISFACTORY			
SEPARATOR	SATISFACTORY			
TANK BATTERY	SATISFACTORY			

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Bird Protectors	7	SATISFACTORY			
Plunger Lift	11	SATISFACTORY			
Horizontal Heated Separator	11	SATISFACTORY			

Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	200 BBLS	STEEL AST	39.490000,-107.971810

S/A/V: SATISFACTORY Comment: air id 045-1100-001

Corrective Action: _____

Corrective Date: _____

Paint

Condition	Adequate
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Other (Content) _____

Inspector Name: LONGWORTH, MIKE

Other (Capacity) _____				
Other (Type) _____				
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				
Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	200 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment: air id 045-1100-002	
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
Earth				
Corrective Action				Corrective Date
Comment				
Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment: air id 045-1100-001	
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
Earth				
Corrective Action				Corrective Date
Comment				
Venting:				
Yes/No	Comment			
YES	Bradens are open to vent			

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 335073

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: 263280 Type: WELL API Number: 045-08117 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 278146 Type: WELL API Number: 045-10839 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Inspector Name: LONGWORTH, MIKE

Facility ID: 279374	Type: WELL	API Number: 045-11022	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 279375	Type: WELL	API Number: 045-11023	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 279376	Type: WELL	API Number: 045-11024	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 279377	Type: WELL	API Number: 045-11025	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 279379	Type: WELL	API Number: 045-11027	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 279459	Type: WELL	API Number: 045-11040	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 279460	Type: WELL	API Number: 045-11041	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 279461	Type: WELL	API Number: 045-11042	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 279462	Type: WELL	API Number: 045-11043	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 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 _____

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
		Check Dams	Pass			
Ditches	Pass					
Gravel	Pass					
		Ditches	Fail			Ditches need cleaned out
Seeding	Pass					
		Culverts	Pass			
		Gravel	Pass			
				MHSP	Pass	

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT