

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:
06/08/2015

Document Number:
666801045

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>298902</u>	<u>334690</u>	<u>Murray, Richard</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>96850</u>
Name of Operator:	<u>WPX ENERGY ROCKY MOUNTAIN LLC</u>
Address:	<u>1001 17TH STREET - SUITE #1200</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>

- 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@wpxenergy.com	Field Inspections

Compliance Summary:

QtrQtr: NESE Sec: 33 Twp: 6S Range: 94W

Inspector Comment:

Action required items noted in previous inspection for storm water issues were not addressed in this inspection

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
210983	WELL	DA	12/21/1990	DA	045-06741	QUARTER CIRCLE 9-33	DA	<input type="checkbox"/>
211024	WELL	PR	01/03/2012	GW	045-06782	QUARTER CIRCLE 43-33H	PR	<input checked="" type="checkbox"/>
290944	WELL	PR	06/06/2007	GW	045-14235	WILLIAMS RWF 442-33	PR	<input checked="" type="checkbox"/>
290945	WELL	PR	06/06/2007	GW	045-14234	WILLIAMS RWF 433-33	PR	<input checked="" type="checkbox"/>
290946	WELL	PR	06/06/2007	GW	045-14233	WILLIAMS RWF 533-33	PR	<input checked="" type="checkbox"/>
290947	WELL	PR	01/11/2008	GW	045-14232	WILLIAMS RWF 333-33	PR	<input checked="" type="checkbox"/>
298902	WELL	PR	08/31/2010	GW	045-17465	WILLIAMS RWF 413-34	PR	<input checked="" type="checkbox"/>
298903	WELL	PR	06/06/2010	GW	045-17466	WILLIAMS RWF 44-33	PR	<input checked="" type="checkbox"/>
298904	WELL	PR	05/30/2014	GW	045-17467	WILLIAMS RMV 131-34	PR	<input checked="" type="checkbox"/>
298906	WELL	PR	01/01/2012	GW	045-17469	WILLIAMS RWF 313-34	PR	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Inspector Name: Murray, Richard

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	AIRS ID 045-2287-001 and 045-2068-002		

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	SATISFACTORY	Emission Control Device		

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Emission Control Device	1	SATISFACTORY	Disconnected		
Ancillary equipment	4	SATISFACTORY	3 chemical units at wellhead, one chemical unit at separators		
Plunger Lift	9	SATISFACTORY			
Horizontal Heated Separator	9	SATISFACTORY			

Venting:	
Yes/No	Comment
YES	Bradenhead valves open

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

Predrill

Location ID: 298902

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AV: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 211024 Type: WELL API Number: 045-06782 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 290944 Type: WELL API Number: 045-14235 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 290945 Type: WELL API Number: 045-14234 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 290946 Type: WELL API Number: 045-14233 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 290947 Type: WELL API Number: 045-14232 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 298902 Type: WELL API Number: 045-17465 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 298903 Type: WELL API Number: 045-17466 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 298904 Type: WELL API Number: 045-17467 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 298906 Type: WELL API Number: 045-17469 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): 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? 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 _____

Inspector Name: Murray, Richard

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
Seeding	Pass					
Waddles	Pass					
Berms	Pass					
		Ditches	Pass			
Gravel	Pass					
		Culverts	Pass			

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT