

**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

Inspection Date:  
06/11/2015Document Number:  
666801067Overall Inspection:  
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	300828	334873	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@wpxenergy.com	Field Inspections

**Compliance Summary:**QtrQtr: SWSW Sec: 35 Twp: 6S Range: 94W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
211318	WELL	PR	11/03/1996	GW	045-07078	SAVAGE RMV 48-35	PR	<input checked="" type="checkbox"/>
300824	WELL	PR	08/31/2010	GW	045-18029	SAVAGE RWF 13-35	PR	<input checked="" type="checkbox"/>
300825	WELL	PR	05/03/2011	GW	045-18030	SAVAGE RWF 513-35	PR	<input checked="" type="checkbox"/>
300826	WELL	PR	03/11/2011	GW	045-18031	savage RWF 424-35	PR	<input checked="" type="checkbox"/>
300827	WELL	PR	03/11/2011	GW	045-18032	SAVAGE RMV 69-35	PR	<input checked="" type="checkbox"/>
300828	WELL	PR	03/11/2011	GW	045-18033	SAVAGE RWF 324-35	PR	<input checked="" type="checkbox"/>
300829	WELL	PR	03/11/2011	GW	045-18034	SAVAGE RWF 423-35	PR	<input checked="" type="checkbox"/>
300830	WELL	PR	03/11/2011	GW	045-18035	SAVAGE RWF 414-35	PR	<input checked="" type="checkbox"/>
300831	WELL	PR	08/31/2010	GW	045-18036	SAVAGE RWF 314-35	PR	<input checked="" type="checkbox"/>
300832	WELL	PR	01/01/2012	GW	045-18037	SAVAGE RWF 14-35	PR	<input checked="" type="checkbox"/>
422636	PIT	CL	04/06/2011	-	-	RMV 48-35	CL	<input type="checkbox"/>
438422	SPILL OR RELEASE	AC	08/11/2014	-	-	SPILL/RELEASE POINT	AC	<input 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 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

<u>Signs/Marker:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
CONTAINERS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY	AIRS ID 045-0884-003		
TANK LABELS/PLACARDS	SATISFACTORY			

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

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

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

<u>Equipment:</u>					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	3	SATISFACTORY	2 chemical units at wellhead, 1 water pump at battery		
Horizontal Heated Separator	10	SATISFACTORY			
Plunger Lift	10	SATISFACTORY			
Emission Control Device	1	SATISFACTORY	Disconnected		

Facilities: ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	39.475730,-107.863270

S/A/V: SATISFACTORY	Comment: _____
Corrective Action: _____	Corrective Date: _____

### Paint

Condition	Adequate
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Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY	Comment:	Centralized 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				

<b><u>Venting:</u></b>		
Yes/No	Comment	
YES	Bradenhead valves open	

<b><u>Flaring:</u></b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

**Predrill**

Location ID: 300828

**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: 211318 Type: WELL API Number: 045-07078 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 300824 Type: WELL API Number: 045-18029 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 300825 Type: WELL API Number: 045-18030 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Inspector Name: Murray, Richard

Facility ID: 300826	Type: WELL	API Number: 045-18031	Status: PR	Insp. Status: PR
<b>Producing Well</b>				
Comment: <span style="color:red">Plunger lift</span>				

Facility ID: 300827	Type: WELL	API Number: 045-18032	Status: PR	Insp. Status: PR
<b>Producing Well</b>				
Comment: <span style="color:red">Plunger lift</span>				

Facility ID: 300828	Type: WELL	API Number: 045-18033	Status: PR	Insp. Status: PR
<b>Producing Well</b>				
Comment: <span style="color:red">Plunger lift</span>				

Facility ID: 300829	Type: WELL	API Number: 045-18034	Status: PR	Insp. Status: PR
<b>Producing Well</b>				
Comment: <span style="color:red">Plunger lift</span>				

Facility ID: 300830	Type: WELL	API Number: 045-18035	Status: PR	Insp. Status: PR
<b>Producing Well</b>				
Comment: <span style="color:red">Plunger lift</span>				

Facility ID: 300831	Type: WELL	API Number: 045-18036	Status: PR	Insp. Status: PR
<b>Producing Well</b>				
Comment: <span style="color:red">Plunger lift</span>				

Facility ID: 300832	Type: WELL	API Number: 045-18037	Status: PR	Insp. Status: PR
<b>Producing Well</b>				
Comment: <span style="color:red">Plunger lift</span>				

<b>Environmental</b>				
<b>Spills/Releases:</b>				
Type of Spill:	Description:		Estimated Spill Volume:	
Comment:				
Corrective Action:			Date:	
Reportable:	GPS: Lat	Long		
Proximity to Surface Water:	Depth to Ground Water:			

<b>Water Well:</b>		Lat	Long
DWR Receipt Num:	Owner Name:	GPS :	

<b>Field Parameters:</b>
Sample Location:

Emission Control Burner (ECB): Y
Comment: <span style="color:red">Disconnected</span>

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? \_\_\_\_\_ CM \_\_\_\_\_  
 CA \_\_\_\_\_ CA Date \_\_\_\_\_  
 Guy line anchors removed? \_\_\_\_\_ CM \_\_\_\_\_  
 CA \_\_\_\_\_ CA Date \_\_\_\_\_  
 Guy line anchors marked? In CM \_\_\_\_\_  
 CA \_\_\_\_\_ CA Date \_\_\_\_\_

1003b. Area no longer in use? Pass Production areas stabilized ? Pass1003c. 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 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 \_\_\_\_\_

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

S/A/V: SATISFACTOR

Corrective Date: \_\_\_\_\_

Y

Comment:

CA:

**Pits:** ☒ NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	422636	2213253	