

**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:
06/12/2015Document Number:
674701528Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>
	335029	335029	LONGWORTH, MIKE	2A Doc Num: _____

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
Noto, John		john.noto@state.co.us	

Compliance Summary:QtrQtr: SWSE Sec: 36 Twp: 6S Range: 95W**Inspector Comment:**Added PA 34-36 (045-07597) to inspection form. Well needs added to location 335029.**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
257807	WELL	PR		GW	045-07597	SCARROW PA 34-36	PR	<input checked="" type="checkbox"/>
297889	WELL	PR	05/31/2009	GW	045-16991	DIAMOND ELK PA 343-36	PR	<input checked="" type="checkbox"/>
297890	WELL	PR	05/31/2009	GW	045-16992	DIAMOND ELK PA 333-36	PR	<input checked="" type="checkbox"/>
297891	WELL	PR	11/30/2009	GW	045-16993	DIAMOND ELK PA 443-36	PR	<input checked="" type="checkbox"/>
297892	WELL	PR	02/26/2009	GW	045-16994	DIAMOND ELK PA 543-36	PR	<input checked="" type="checkbox"/>
297893	WELL	PR	02/26/2009	GW	045-16995	DIAMOND ELK PA 44-36	PR	<input checked="" type="checkbox"/>
297894	WELL	PR	05/31/2009	GW	045-16996	DIAMOND ELK PA 433-36	PR	<input checked="" type="checkbox"/>
297895	WELL	PR	02/26/2009	GW	045-16997	DIAMOND ELK PA 434-36	PR	<input checked="" type="checkbox"/>
297896	WELL	PR	05/31/2009	GW	045-16998	DIAMOND ELK PA 534-36	PR	<input checked="" type="checkbox"/>
297897	WELL	PR	02/26/2009	GW	045-16999	DIAMOND ELK PA 444-36	PR	<input checked="" type="checkbox"/>
297898	WELL	PR	02/26/2009	GW	045-17000	DIAMOND ELK PA 544-36	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

297899	WELL	PR	02/26/2009	GW	045-17001	DIAMOND ELK PA 344-36	PR	<input checked="" type="checkbox"/>
297900	WELL	PR	02/26/2009	GW	045-17002	DIAMOND ELK PA 334-36	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

<u>Signs/Marker:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
CONTAINERS	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			
TANK BATTERY	SATISFACTORY			
SEPARATOR	SATISFACTORY			

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	13	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Chemical container at wells		
Bird Protectors	7	SATISFACTORY			
Plunger Lift	13	SATISFACTORY			

Facilities:☐ New Tank

Tank ID: _____

Inspector Name: LONGWORTH, MIKE

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	300 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment: Air id 045-1930-001	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal				
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: Air id 045-1930-002	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	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: 335029

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: 257807 Type: WELL API Number: 045-07597 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well. Well was added to inspection.

Facility ID: 297889 Type: WELL API Number: 045-16991 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 297890 Type: WELL API Number: 045-16992 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 297891	Type: WELL	API Number: 045-16993	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				

Facility ID: 297892	Type: WELL	API Number: 045-16994	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				

Facility ID: 297893	Type: WELL	API Number: 045-16995	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				

Facility ID: 297894	Type: WELL	API Number: 045-16996	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				

Facility ID: 297895	Type: WELL	API Number: 045-16997	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				

Facility ID: 297896	Type: WELL	API Number: 045-16998	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				

Facility ID: 297897	Type: WELL	API Number: 045-16999	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				

Facility ID: 297898	Type: WELL	API Number: 045-17000	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				

Facility ID: 297899	Type: WELL	API Number: 045-17001	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				

Facility ID: 297900	Type: WELL	API Number: 045-17002	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Inspector Name: LONGWORTH, MIKE

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? In Production areas stabilized ? Pass

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 _____

Inspector Name: LONGWORTH, MIKE

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
		Gravel	Pass			
Seeding	Pass					
		Compaction	Pass			
Compaction	Pass					
Ditches	Pass					
				MHSP	Pass	

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Added PA 34-36 (045-07597) to inspection form. Well needs added to location 335029.	longworm	06/12/2015