

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:
06/12/2015

Document Number:
674701530

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>334768</u>	<u>334768</u>	<u>LONGWORTH, MIKE</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
Inspection, WPX	970-263-2716	COGCCInspectionReports@wpxenergy.com	WPX Inspection Mail Box

Compliance Summary:

QtrQtr: NWNE Sec: 2 Twp: 7S Range: 95W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
288189	WELL	PR	12/05/2006	GW	045-13171	HOAGLUND PA 331-2	PR	<input checked="" type="checkbox"/>
288313	WELL	PR	08/20/2007	GW	045-13215	HOAGLUND PA 341-2	PR	<input checked="" type="checkbox"/>
288314	WELL	PR	08/20/2007	GW	045-13214	HOAGLUND PA 41-2	PR	<input checked="" type="checkbox"/>
288315	WELL	PR	12/11/2006	GW	045-13213	HOAGLUND PA 31-2	PR	<input checked="" type="checkbox"/>
288316	WELL	PR	12/11/2006	GW	045-13212	HOAGLUND PA 431-2	PR	<input checked="" type="checkbox"/>
288317	WELL	PR	08/20/2007	GW	045-13211	HOAGLUND PA 441-2	PR	<input checked="" type="checkbox"/>
288318	WELL	PR	12/11/2006	GW	045-13210	HOAGLUND PA 531-2	PR	<input checked="" type="checkbox"/>
288319	WELL	PR	08/20/2007	GW	045-13209	HOAGLUND PA 541-2	PR	<input checked="" type="checkbox"/>
288320	WELL	PR	12/11/2006	GW	045-13208	HOAGLUND PA 342-2	PR	<input checked="" type="checkbox"/>
288321	WELL	PR	08/20/2007	GW	045-13207	HOAGLUND PA 42-2	PR	<input checked="" type="checkbox"/>
288322	WELL	PR	12/11/2006	GW	045-13206	HOAGLUND PA 332-2	PR	<input checked="" type="checkbox"/>
288323	WELL	PR	12/11/2006	GW	045-13205	HOAGLUND PA 32-2	PR	<input checked="" type="checkbox"/>

288324	WELL	PR	08/21/2007	GW	045-13204	HOAGLUND PA 542-2	PR	<input checked="" type="checkbox"/>
288325	WELL	PR	08/20/2007	GW	045-13203	HOAGLUND PA 532-2	PR	<input checked="" type="checkbox"/>
288326	WELL	PR	08/20/2007	GW	045-13202	HOAGLUND PA 432-2	PR	<input checked="" type="checkbox"/>
288327	WELL	PR	08/20/2007	GW	045-13201	HOAGLUND PA 442-2	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 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
TANK LABELS/PLACARDS	SATISFACTORY			
CONTAINERS	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			

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

Comment: 970-285-9377

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> 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
Plunger Lift	16	SATISFACTORY			
Horizontal Heated Separator	16	SATISFACTORY			
Ancillary equipment	4	SATISFACTORY			
Bird Protectors	8	SATISFACTORY			

Emission Control Device	1	SATISFACTORY		
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Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST	,

S/A/V: SATISFACTORY Comment: **Air id 045-2223-002**

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				

Corrective Action _____ Corrective Date _____

Comment _____

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	STEEL AST	,

S/A/V: SATISFACTORY Comment: **No air id on tank**

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
CONDENSATE	2	300 BBLS	STEEL AST	,

S/A/V: SATISFACTORY Comment: **Air id 045-2223-001**

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	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: 334768

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: 288189 Type: WELL API Number: 045-13171 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 288313 Type: WELL API Number: 045-13215 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 288314 Type: WELL API Number: 045-13214 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 288315	Type: WELL	API Number: 045-13213	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288316	Type: WELL	API Number: 045-13212	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288317	Type: WELL	API Number: 045-13211	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288318	Type: WELL	API Number: 045-13210	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288319	Type: WELL	API Number: 045-13209	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288320	Type: WELL	API Number: 045-13208	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288321	Type: WELL	API Number: 045-13207	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288322	Type: WELL	API Number: 045-13206	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288323	Type: WELL	API Number: 045-13205	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288324	Type: WELL	API Number: 045-13204	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288325	Type: WELL	API Number: 045-13203	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288326	Type: WELL	API Number: 045-13202	Status: PR	Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 288327 Type: WELL API Number: 045-13201 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:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

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 **Farm equipment parked on edge of location**
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 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 _____

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				
		Compaction	Pass			
		Ditches	Pass			
				MHSP		
Gravel	Pass					
Seeding	Pass					
Compaction	Pass					

Inspector Name: LONGWORTH, MIKE

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: NO SURFACE INDICATION OF PIT