

**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:
674701530Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334768	334768	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: 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"/>

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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 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**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
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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
Plunger Lift	16	SATISFACTORY			
Horizontal Heated Separator	16	SATISFACTORY			
Ancillary equipment	4	SATISFACTORY			
Bird Protectors	8	SATISFACTORY			

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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:	
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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	
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Comment	
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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:	
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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	
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Comment	
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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:	
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Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

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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/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: 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 WellComment: **Producing well**

Facility ID: 288327 Type: WELL API Number: 045-13201 Status: PR Insp. Status: PR

Producing WellComment: **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 **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

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- 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					

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S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT