

**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:
674701531

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>334762</u>	<u>334762</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: SESE Sec: 35 Twp: 6S Range: 95W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
210928	WELL	PR	11/13/1990	GW	045-06686	HOAGLUND GV 79-35	PR	<input checked="" type="checkbox"/>
288871	WELL	PR	06/01/2008	GW	045-13597	HOAGLUND PA 533-35	PR	<input checked="" type="checkbox"/>
288872	WELL	PR	05/31/2008	GW	045-13596	HOAGLUND PA 34-35	PR	<input checked="" type="checkbox"/>
288873	WELL	PR	10/01/2007	GW	045-13595	HOAGLUND PA 344-35	PR	<input checked="" type="checkbox"/>
288874	WELL	PR	10/01/2007	GW	045-13594	HOAGLUND PA 543-35	PR	<input checked="" type="checkbox"/>
288875	WELL	PR	10/01/2007	GW	045-13593	HOAGLUND PA 33-35	PR	<input checked="" type="checkbox"/>
288876	WELL	PR	10/01/2007	GW	045-13592	HOAGLUND PA 333-35	PR	<input checked="" type="checkbox"/>
288877	WELL	PR	10/01/2007	GW	045-13591	HOAGLUND PA 433-35	PR	<input checked="" type="checkbox"/>
288878	WELL	PR	06/01/2008	GW	045-13590	HOAGLUND PA 334-35	PR	<input checked="" type="checkbox"/>
288879	WELL	PR	07/31/2008	GW	045-13589	HOAGLUND PA 444-35	PR	<input checked="" type="checkbox"/>
288880	WELL	PR	05/19/2008	GW	045-13588	HOAGLUND PA 534-35	PR	<input checked="" type="checkbox"/>
288881	WELL	PR	10/01/2007	GW	045-13587	HOAGLUND PA 434-35	PR	<input checked="" type="checkbox"/>

Equipment:		<u>Location Inventory</u>	
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			
BATTERY	SATISFACTORY	GV 79-35 has wrong api # on sign.		
CONTAINERS	SATISFACTORY			
WELLHEAD	SATISFACTORY	GV 79-35 has wrong api # on sign.		

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
SEPARATOR	SATISFACTORY			
WELLHEAD	SATISFACTORY			
TANK BATTERY	SATISFACTORY			

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Emission Control Device	1	SATISFACTORY			
Horizontal Heated Separator	12	SATISFACTORY			
Bird Protectors	6	SATISFACTORY			
Plunger Lift	12	SATISFACTORY			
Ancillary equipment	3	SATISFACTORY	Chemical containers		

Facilities: New Tank Tank ID: _____

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

S/A/V:	SATISFACTORY	Comment:	Air id 045-2220-002
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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

Facilities: New Tank Tank ID: _____

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

S/A/V:	SATISFACTORY	Comment:	No air id on tank
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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	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
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Comment

Venting:

Yes/No	Comment
YES	Bradens are open to vent

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 334762

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: 210928 Type: WELL API Number: 045-06686 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 288871 Type: WELL API Number: 045-13597 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 288872 Type: WELL API Number: 045-13596 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 288873	Type: WELL	API Number: 045-13595	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288874	Type: WELL	API Number: 045-13594	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288875	Type: WELL	API Number: 045-13593	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288876	Type: WELL	API Number: 045-13592	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288877	Type: WELL	API Number: 045-13591	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288878	Type: WELL	API Number: 045-13590	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288879	Type: WELL	API Number: 045-13589	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288880	Type: WELL	API Number: 045-13588	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288881	Type: WELL	API Number: 045-13587	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: _____ 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? _____ 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
Seeding		Compaction	Pass			
				MHSP	Pass	
Compaction	Pass					
Gravel	Pass					
		Gravel	Pass			
		Ditches	Pass			

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT