

Inspector Name: Maclaren, Joe

**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:
06/12/2015Document Number:
674601957Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	216498	333520	Maclaren, Joe	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 96705Name of Operator: WPX ENERGY PRODUCTION LLCAddress: P O BOX 3102 MS-25-2City: TULSA State: OK Zip: 74101

- ☐ 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
Granillo, Lacey	(505)-333-1816	lacey.granillo@wpxenergy.com	Permitting
Jaramillo, Marie		Marie.jaramillo@wpxenergy.com	SW Insp Reports

Compliance Summary:QtrQtr: NENE Sec: 19 Twp: 33N Range: 9W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/24/2009	200208971	PR	PR	SATISFACTORY			No
04/29/2008	200189087	PR	PR	SATISFACTORY			No
04/11/2006	200092725	PR	PR	SATISFACTORY		Pass	No
11/03/2004	200066021	PR	PR	SATISFACTORY		Pass	No
08/20/2003	200044687	PR	PR	SATISFACTORY		Pass	No
11/02/2001	200021964	PR	PR	SATISFACTORY		Pass	No
04/17/2000	200006314	BH	PR	SATISFACTORY		Pass	No
06/22/1999	500150717	PR	PR			Pass	No
08/28/1997	500150716	DG	DG			Pass	

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
215080	WELL	PR	10/20/1983	GW	067-06685	KOON 2E	PR
216498	WELL	PR	10/14/1997	GW	067-08104	BONDAD 33-9 8A	PR

Equipment:Location Inventory

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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

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

Corrective Date: _____

Comment: _____

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
TANK BATTERY	SATISFACTORY	Post and Wire		
LOCATION	SATISFACTORY			

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Bird Protectors	1	SATISFACTORY			
Horizontal Heated Separator	1	SATISFACTORY			
Plunger Lift	1	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Telemetry Unit		
Flow Line	1	SATISFACTORY			

Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	Open Top	,

S/A/V: SATISFACTORY Comment: 125 BBLs

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
Earth	Adequate	Walls Sufficient	Base Sufficient	

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Corrective Action				Corrective Date	
Comment	Berm walls undergoing erosion/ Capacity good at this time.				
Venting:					
Yes/No	Comment				
NO					
Flaring:					
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date	
Predrill					
Location ID: 216498					
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:	216498	Type:	WELL	API Number:	067-08104
Status:	PR	Insp. Status:	PR		

Producing WellComment: **PR****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 _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass 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 ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

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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? Pass 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? _____ I _____

Comment: _____

Overall Interim Reclamation In Process

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
		Culverts	Pass			
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			

S/A/V: SATISFACTOR Corrective Date: _____

Y

Comment: No Issues Identified.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT