

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:
06/30/2015

Document Number:
666801107

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>416755</u>	<u>416774</u>	<u>Murray, Richard</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
, Inspections		COGCCInspectionReports@wpxenergy.com	Field Inspections

Compliance Summary:

QtrQtr: SESE Sec: 32 Twp: 6S Range: 94W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
416743	WELL	PR	01/03/2011	GW	045-19346	Burchfield RWF 44-32	PR	<input checked="" type="checkbox"/>
416751	WELL	PR	04/16/2011	GW	045-19349	Burchfield RWF 43-32	PR	<input checked="" type="checkbox"/>
416755	WELL	PR	05/31/2011	GW	045-19351	Burchfield RWF 544-32	PR	<input checked="" type="checkbox"/>
416757	WELL	PR	09/11/2014	GW	045-19352	Burchfield RWF 344-32	PR	<input checked="" type="checkbox"/>
416763	WELL	PR	09/11/2014	GW	045-19353	Burchfield RWF 534-32	PR	<input checked="" type="checkbox"/>
416764	WELL	PR	07/13/2011	GW	045-19354	Burchfield RWF 343-32	PR	<input checked="" type="checkbox"/>
416767	WELL	PR	05/31/2011	GW	045-19355	Burchfield RWF 443-32	PR	<input checked="" type="checkbox"/>
416775	WELL	PR	09/11/2014	GW	045-19357	Burchfield RWF 33-32	PR	<input checked="" type="checkbox"/>
416777	WELL	PR	05/03/2011	GW	045-19358	Burchfield RWF 533-32	PR	<input checked="" type="checkbox"/>
416778	WELL	PR	07/13/2011	GW	045-19359	Burchfield RWF 333-32	PR	<input checked="" type="checkbox"/>
416786	WELL	PR	10/06/2014	GW	045-19362	Burchfield RWF 34-32	PR	<input checked="" type="checkbox"/>
416788	WELL	PR	05/31/2011	GW	045-19363	Burchfield RWF 543-32	PR	<input checked="" type="checkbox"/>

416795	WELL	PR	04/16/2011	GW	045-19365	Burchfield RWF 434-32	PR	<input checked="" type="checkbox"/>
416797	WELL	PR	07/13/2011	GW	045-19366	Burchfield RWF 433-32	PR	<input checked="" type="checkbox"/>
416803	WELL	PR	02/28/2011	GW	045-19367	Burchfield RWF 444-32	PR	<input checked="" type="checkbox"/>
416807	WELL	PR	02/28/2011	GW	045-19370	Burchfield RWF 334-32	PR	<input checked="" type="checkbox"/>

Equipment: Location Inventory

Special Purpose Pits: <u>1</u>	Drilling Pits: _____	Wells: <u>16</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>16</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: <u>1</u>	Water Pipeline: <u>1</u>
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
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			

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

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	16	SATISFACTORY			
Emission Control Device	1	SATISFACTORY	Disconnected		
Horizontal Heated Separator	16	SATISFACTORY			
Ancillary equipment	2	SATISFACTORY			

Facilities: <input type="checkbox"/> New Tank Tank ID: _____					
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	2	300 BBLS	STEEL AST		
S/A/V: SATISFACTORY	Comment: Centralized battery				

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

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:
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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
Comment	

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 416755

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Agency	kubeczko	Location is in a sensitive area because of proximity to a domestic water well; therefore either a lined drilling pit or closed loop system must be implemented.	04/13/2010
Agency	kubeczko	Location is in a sensitive area because of proximity to surface water and a domestic water well; therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations.	04/13/2010
Agency	kubeczko	Operator must implement best management practices to contain any unintentional release of fluids.	04/13/2010
Agency	kubeczko	Location is in a sensitive area because of proximity to a domestic water well; therefore production pits must be lined.	04/13/2010

S/A/V: SATISFACTORY **Comment:** No drilling or completions being performed at time of inspection

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: 416743 Type: WELL API Number: 045-19346 Status: PR Insp. Status: PR

Producing Well				
Comment: Plunger lift				
Facility ID:	416751	Type:	WELL	API Number: 045-19349
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Plunger lift				
Facility ID:	416755	Type:	WELL	API Number: 045-19351
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Plunger lift				
Facility ID:	416757	Type:	WELL	API Number: 045-19352
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Plunger lift				
Facility ID:	416763	Type:	WELL	API Number: 045-19353
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Plunger lift				
Facility ID:	416764	Type:	WELL	API Number: 045-19354
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Plunger lift				
Facility ID:	416767	Type:	WELL	API Number: 045-19355
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Plunger lift				
Facility ID:	416775	Type:	WELL	API Number: 045-19357
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Plunger lift				
Facility ID:	416777	Type:	WELL	API Number: 045-19358
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Plunger lift				
Facility ID:	416778	Type:	WELL	API Number: 045-19359
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Plunger lift				
Facility ID:	416786	Type:	WELL	API Number: 045-19362
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Plunger lift				
Facility ID:	416788	Type:	WELL	API Number: 045-19363
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Plunger lift				

Facility ID: 416795 Type: WELL API Number: 045-19365 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 416797 Type: WELL API Number: 045-19366 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 416803 Type: WELL API Number: 045-19367 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 416807 Type: WELL API Number: 045-19370 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

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): Y

Comment: ECB disconnected

Pilot: ON Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____
 Land Use: RANGELAND
 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? Pass CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? Pass

1003d. Drilling pit closed? Pass 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: RANGELAND

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

Inspector Name: Murray, Richard

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Gravel	Pass			
		Ditches	Pass			
Slope Roughening	Pass					
Berms	Pass					
Seeding	Pass					

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT