

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:
07/06/2015

Document Number:
666801119

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>286892</u>	<u>335636</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: NESE Sec: 8 Twp: 6S Range: 94W

Inspector Comment:

Action required items noted in previous inspection have been satisfied, Remote facilities shared with location 335743

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
286861	WELL	PR	05/30/2007	GW	045-12825	FEDERAL RWF 322-9	PR	<input checked="" type="checkbox"/>
286862	WELL	PR	05/30/2007	GW	045-12824	FEDERAL RWF 522-9	PR	<input checked="" type="checkbox"/>
286876	WELL	PR	05/30/2007	GW	045-12810	FEDERAL RWF 512-9	PR	<input checked="" type="checkbox"/>
286883	WELL	PR	09/05/2012	GW	045-12809	FEDERAL RWF 312-9	PR	<input checked="" type="checkbox"/>
286884	WELL	PR	05/30/2007	GW	045-12808	FEDERAL RWF 412-9	PR	<input checked="" type="checkbox"/>
286885	WELL	PR	02/18/2008	GW	045-12807	FEDERAL RWF 12-9	PR	<input checked="" type="checkbox"/>
286888	WELL	PR	05/30/2007	GW	045-12804	FEDERAL RWF 513-9	PR	<input checked="" type="checkbox"/>
286889	WELL	PR	09/06/2012	GW	045-12803	FEDERAL RWF 11-9	PR	<input checked="" type="checkbox"/>
286890	WELL	PR	09/06/2012	GW	045-12802	FEDERAL RWF 411-9	PR	<input checked="" type="checkbox"/>
286891	WELL	PR	02/08/2008	GW	045-12801	FEDERAL RWF 311-9	PR	<input checked="" type="checkbox"/>
286892	WELL	PR	02/17/2008	GW	045-12800	FEDERAL RWF 511-9	PR	<input checked="" type="checkbox"/>
286893	WELL	PR	06/14/2007	GW	045-12799	FEDERAL RWF 23-9	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

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	12	SATISFACTORY			
Ancillary equipment	3	SATISFACTORY			

Venting:	
Yes/No	Comment
YES	Bradenhead valves open

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 286892

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: 286861 Type: WELL API Number: 045-12825 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 286862 Type: WELL API Number: 045-12824 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 286876 Type: WELL API Number: 045-12810 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 286883	Type: WELL	API Number: 045-12809	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 286884	Type: WELL	API Number: 045-12808	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 286885	Type: WELL	API Number: 045-12807	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 286888	Type: WELL	API Number: 045-12804	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 286889	Type: WELL	API Number: 045-12803	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 286890	Type: WELL	API Number: 045-12802	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 286891	Type: WELL	API Number: 045-12801	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 286892	Type: WELL	API Number: 045-12800	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 286893	Type: WELL	API Number: 045-12799	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: _____ Lat _____ Long _____

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

Field Parameters: _____

Sample Location: _____

Emission Control Burner (ECB): N

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? 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: _____
 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			
		Gravel	Pass			
Seeding	Pass					
		Sediment Traps	Pass			
Ditches	Pass					
		Check Dams	Pass			
		Ditches	Pass			
Slope Roughening	Pass					

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT