

**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



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Inspection Date:
07/13/2015

Document Number:
666801122

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>287101</u>	<u>311663</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: SWSW Sec: 9 Twp: 6S Range: 94W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
287101	WELL	PR	07/31/2008	GW	045-12867	FEDERAL RMV 142-9	PR	<input checked="" type="checkbox"/>
287102	WELL	PR	10/27/2008	GW	045-12866	FEDERAL RWF 423-9	PR	<input checked="" type="checkbox"/>
287103	WELL	PR	10/24/2008	GW	045-12865	FEDERAL RWF 523-9	PR	<input checked="" type="checkbox"/>
287104	WELL	PR	07/30/2008	GW	045-12864	FEDERAL RWF 324-9	PR	<input checked="" type="checkbox"/>
287105	WELL	PR	10/14/2013	GW	045-12863	FEDERAL RWF 424-9	PR	<input checked="" type="checkbox"/>
287106	WELL	PR	10/22/2008	GW	045-12862	FEDERAL RWF 323-9	PR	<input checked="" type="checkbox"/>
287107	WELL	PR	09/10/2012	GW	045-12861	FEDERAL RWF 334-9	PR	<input checked="" type="checkbox"/>
287108	WELL	PR	06/14/2007	GW	045-12860	FEDERAL RWF 434-9	PR	<input checked="" type="checkbox"/>
287109	WELL	PR	10/27/2008	GW	045-12859	FEDERAL RWF 33-9	PR	<input checked="" type="checkbox"/>
287110	WELL	PR	07/31/2008	GW	045-12858	FEDERAL RWF 433-9	PR	<input checked="" type="checkbox"/>
287111	WELL	PR	06/05/2008	GW	045-12857	FEDERAL RWF 333-9	PR	<input checked="" type="checkbox"/>
287112	WELL	PR	07/11/2008	GW	045-12856	FEDERAL RWF 34-9	PR	<input checked="" type="checkbox"/>

287113	WELL	PR	07/31/2008	GW	045-12855	FEDERAL RWF 534-9	PR	<input checked="" type="checkbox"/>
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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

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
Horizontal Heated Separator	14	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Chemical unit at wellhead		
Plunger Lift	13	SATISFACTORY			

Venting:

Yes/No	Comment
YES	Bradenhead valves open

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 287101

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: 287101 Type: WELL API Number: 045-12867 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 287102 Type: WELL API Number: 045-12866 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 287103 Type: WELL API Number: 045-12865 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: <u>287104</u>	Type: <u>WELL</u>	API Number: <u>045-12864</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>Plunger lift</u>				
Facility ID: <u>287105</u>	Type: <u>WELL</u>	API Number: <u>045-12863</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>Plunger lift</u>				
Facility ID: <u>287106</u>	Type: <u>WELL</u>	API Number: <u>045-12862</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>Plunger lift</u>				
Facility ID: <u>287107</u>	Type: <u>WELL</u>	API Number: <u>045-12861</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>Plunger lift</u>				
Facility ID: <u>287108</u>	Type: <u>WELL</u>	API Number: <u>045-12860</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>Plunger lift</u>				
Facility ID: <u>287109</u>	Type: <u>WELL</u>	API Number: <u>045-12859</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>Plunger lift</u>				
Facility ID: <u>287110</u>	Type: <u>WELL</u>	API Number: <u>045-12858</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>Plunger lift</u>				
Facility ID: <u>287111</u>	Type: <u>WELL</u>	API Number: <u>045-12857</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>Plunger lift</u>				
Facility ID: <u>287112</u>	Type: <u>WELL</u>	API Number: <u>045-12856</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>Plunger lift</u>				
Facility ID: <u>287113</u>	Type: <u>WELL</u>	API Number: <u>045-12855</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>Plunger lift</u>				

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 _____
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Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): N

Comment: _____

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

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? Pass 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 _____

Inspector Name: Murray, Richard

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			
Rip Rap	Pass					
		Gravel	Pass			
Seeding	Pass					
Ditches	Pass					
		Ditches	Pass			
Sediment Traps	Pass					will need maintance
Check Dams	Pass					Will need maintance

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT