

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:
10/16/2015

Document Number:
674701935

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>335255</u>	<u>335255</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>PO BOX 370</u>
City:	<u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</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:	<u>SENE</u>	Sec:	<u>29</u>	Twp:	<u>6S</u>	Range:	<u>95W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/17/2013	663801033			SATISFACTORY	I		No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159418	UIC DISPOSAL	AC	05/28/2013		-	DOE 2-W-29	AC	<input type="checkbox"/>
210830	WELL	SI	05/06/2015	GW	045-06588	DOE 2-W-29	SI	<input type="checkbox"/>
271714	WELL	PR	09/20/2004	GW	045-09938	FEDERAL PA 332-29	PR	<input checked="" type="checkbox"/>
271715	WELL	PR	10/04/2004	GW	045-09937	FEDERAL PA 32-29	PR	<input checked="" type="checkbox"/>
271716	WELL	PR	09/20/2004	GW	045-09936	FEDERAL PA 31-29	PR	<input checked="" type="checkbox"/>
271765	WELL	PR	09/20/2004	GW	045-09949	FEDERAL PA 331-29	PR	<input checked="" type="checkbox"/>
416914	WELL	PR	12/08/2011	GW	045-19394	Federal PA 422-29	PR	<input checked="" type="checkbox"/>
416915	WELL	PR	12/08/2011	GW	045-19395	Federal PA 522-29	PR	<input checked="" type="checkbox"/>
416917	WELL	PR	12/08/2011	GW	045-19396	Federal PA 322-29	PR	<input checked="" type="checkbox"/>
416918	WELL	PR	12/08/2011	GW	045-19397	Federal PA 22-29	PR	<input checked="" type="checkbox"/>

416925	WELL	PR	09/03/2011	GW	045-19398	Federal PA 21-29	PR	<input checked="" type="checkbox"/>
416927	WELL	PR	12/08/2011	GW	045-19399	Federal PA 321-29	PR	<input checked="" type="checkbox"/>

Equipment: Location Inventory

Special Purpose Pits:	<u>1</u>	Drilling Pits:	<u> </u>	Wells:	<u>11</u>	Production Pits:	<u> </u>
Condensate Tanks:	<u>2</u>	Water Tanks:	<u>2</u>	Separators:	<u>11</u>	Electric Motors:	<u> </u>
Gas or Diesel Mortors:	<u> </u>	Cavity Pumps:	<u> </u>	LACT Unit:	<u> </u>	Pump Jacks:	<u> </u>
Electric Generators:	<u> </u>	Gas Pipeline:	<u> </u>	Oil Pipeline:	<u> </u>	Water Pipeline:	<u>1</u>
Gas Compressors:	<u> </u>	VOC Combustor:	<u> </u>	Oil Tanks:	<u> </u>	Dehydrator Units:	<u> </u>
Multi-Well Pits:	<u> </u>	Pigging Station:	<u> </u>	Flare:	<u> </u>	Fuel Tanks:	<u> </u>

Location

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			
BATTERY	SATISFACTORY			

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
TANK BATTERY	SATISFACTORY			
SEPARATOR	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Bird Protectors	6	SATISFACTORY			
Ancillary equipment	2	SATISFACTORY	Chemical containers at wells		
Emission Control Device	1	SATISFACTORY			
Horizontal Heated Separator	10	SATISFACTORY			
Plunger Lift	10	SATISFACTORY			

Facilities: New Tank Tank ID:

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment:	
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
Metal				

Corrective Action				Corrective Date
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Comment				
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Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment: air id 045-1126-001 045-1126-002	
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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action				Corrective Date
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Comment				
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Venting:		
Yes/No	Comment	
NO		

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

Predrill

Location ID: 335255

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:

Group	User	Comment	Date
Agency	garrisop	Operator must implement best management practices to contain any unintentional release of fluids.	04/23/2010
Agency	garrisop	Location is in a sensitive area because of proximity to surface water; therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations.	04/23/2010

S/A/V: SATISFACTORY **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: 271714 Type: WELL API Number: 045-09938 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 271715 Type: WELL API Number: 045-09937 Status: PR Insp. Status: PR

Producing Well				
Comment: Producing well				
Facility ID: <u>271716</u>	Type: <u>WELL</u>	API Number: <u>045-09936</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: Producing well				
Facility ID: <u>271765</u>	Type: <u>WELL</u>	API Number: <u>045-09949</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: Producing well				
Facility ID: <u>416914</u>	Type: <u>WELL</u>	API Number: <u>045-19394</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment:				
Facility ID: <u>416915</u>	Type: <u>WELL</u>	API Number: <u>045-19395</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: Producing well				
Facility ID: <u>416917</u>	Type: <u>WELL</u>	API Number: <u>045-19396</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: Producing well				
Facility ID: <u>416918</u>	Type: <u>WELL</u>	API Number: <u>045-19397</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: Producing well				
Facility ID: <u>416925</u>	Type: <u>WELL</u>	API Number: <u>045-19398</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: Producing well				
Facility ID: <u>416927</u>	Type: <u>WELL</u>	API Number: <u>045-19399</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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:

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: OTHER, 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? _____ 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:

Inspector Name: LONGWORTH, MIKE

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

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Ditches	Pass			
				MHSP	Pass	
		Check Dams	Pass			
Berms	Pass					
Gravel	Pass					
Seeding	Pass					
		Gravel	Pass			
Compaction	Pass					
		Culverts	Pass			
		Compaction	Pass			
Ditches	Pass					

S/A/V: SATISFACTOR Corrective Date: _____

Y _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT