

**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:

10/22/2015

Document Number:

674701962

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	383332	383332	LONGWORTH, MIKE	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 96850Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLCAddress: PO BOX 370City: PARACHUTE State: CO Zip: 81635

- ☐ 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: SESW Sec: 25 Twp: 6S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/20/2015	674701116			SATISFACTORY			No
08/25/2014	674700257			SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
301826	WELL	PR	04/16/2011	GW	045-18293	Mahaffey PA 344-25	PR	<input checked="" type="checkbox"/>
301827	WELL	PR	04/16/2011	GW	045-18294	Mahaffey PA 44-25	PR	<input checked="" type="checkbox"/>
301828	WELL	PR	04/16/2011	GW	045-18295	Mahaffey PA 543-25	PR	<input checked="" type="checkbox"/>
301829	WELL	PR	04/16/2011	GW	045-18296	Mahaffey PA 443-25	PR	<input checked="" type="checkbox"/>
301830	WELL	PR	04/16/2011	GW	045-18297	Mahaffey PA 343-25	PR	<input checked="" type="checkbox"/>
301831	WELL	PR	04/16/2011	GW	045-18298	Mahaffey PA 43-25	PR	<input checked="" type="checkbox"/>
301832	WELL	PR	02/28/2011	GW	045-18299	Mahaffey PA 534-25	PR	<input checked="" type="checkbox"/>
301833	WELL	PR	04/16/2011	GW	045-18300	Mahaffey PA 434-25	PR	<input checked="" type="checkbox"/>
301834	WELL	PR	04/16/2011	GW	045-18301	Mahaffey PA 334-25	PR	<input checked="" type="checkbox"/>

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301835	WELL	PR	11/15/2010	GW	045-18302	Mahaffey PA 34-25	PR	<input checked="" type="checkbox"/>
301848	WELL	PR	04/16/2011	GW	045-18307	Mahaffey PA 544-25	PR	<input checked="" type="checkbox"/>
301849	WELL	PR	10/07/2011	GW	045-18308	Mahaffey PA 444-25	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**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: 970-285-9377

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
SEPARATOR	SATISFACTORY			
TANK BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Bird Protectors	6	SATISFACTORY			
Plunger Lift	12	SATISFACTORY			
Horizontal Heated Separator	12	SATISFACTORY			
Ancillary equipment	2	SATISFACTORY			

Facilities:☐ New Tank

Tank ID: _____

Inspector Name: LONGWORTH, MIKE

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment: Air id 045-2097-002	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 80 bbls _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal				
Corrective Action				Corrective Date
Comment				

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment: Air id 045-2097-002	
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				
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: aid id 045-2097-002	
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
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Inspector Name: LONGWORTH, MIKE

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: 383332

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

Inspector Name: LONGWORTH, MIKE

Facility ID:	301826	Type:	WELL	API Number:	045-18293	Status:	PR	Insp. Status:	PR
<div><div>Producing Well</div><div>Comment: Producing well</div></div>									
Facility ID:	301827	Type:	WELL	API Number:	045-18294	Status:	PR	Insp. Status:	PR
<div><div>Producing Well</div><div>Comment: Producing well</div></div>									
Facility ID:	301828	Type:	WELL	API Number:	045-18295	Status:	PR	Insp. Status:	PR
<div><div>Producing Well</div><div>Comment: Producing well</div></div>									
Facility ID:	301829	Type:	WELL	API Number:	045-18296	Status:	PR	Insp. Status:	PR
<div><div>Producing Well</div><div>Comment: Producing well</div></div>									
Facility ID:	301830	Type:	WELL	API Number:	045-18297	Status:	PR	Insp. Status:	PR
<div><div>Producing Well</div><div>Comment: Producing well</div></div>									
Facility ID:	301831	Type:	WELL	API Number:	045-18298	Status:	PR	Insp. Status:	PR
<div><div>Producing Well</div><div>Comment: Producing well</div></div>									
Facility ID:	301832	Type:	WELL	API Number:	045-18299	Status:	PR	Insp. Status:	PR
<div><div>Producing Well</div><div>Comment: Producing well</div></div>									
Facility ID:	301833	Type:	WELL	API Number:	045-18300	Status:	PR	Insp. Status:	PR
<div><div>Producing Well</div><div>Comment: Producing well</div></div>									
Facility ID:	301834	Type:	WELL	API Number:	045-18301	Status:	PR	Insp. Status:	PR
<div><div>Producing Well</div><div>Comment: Producing well</div></div>									
Facility ID:	301835	Type:	WELL	API Number:	045-18302	Status:	PR	Insp. Status:	PR
<div><div>Producing Well</div><div>Comment: Producing well</div></div>									
Facility ID:	301848	Type:	WELL	API Number:	045-18307	Status:	PR	Insp. Status:	PR
<div><div>Producing Well</div><div>Comment: Producing well</div></div>									
Facility ID:	301849	Type:	WELL	API Number:	045-18308	Status:	PR	Insp. Status:	PR

Producing WellComment: **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: _____

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? _____

Inspector Name: LONGWORTH, MIKE

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
Seeding	Pass					
				MHSP	Pass	
		Gravel	Pass			
		Compaction	Pass			
Ditches	Pass					
		Ditches	Pass			
Compaction	Pass					
Gravel	Pass					

Inspector Name: LONGWORTH, MIKE

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT