

**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:

11/10/2015

Document Number:

675202205

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334767	334767	CONKLIN, CURTIS	<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
WPX, Energy		COGCCInspectionReports@wpxenergy.com	All Inspections

Compliance Summary:QtrQtr: NENW Sec: 2 Twp: 7S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/16/2015	674300456			ACTION REQUIRED			No
02/04/2015	675201156			ACTION REQUIRED			No

Inspector Comment:Follow up to inspection Doc#675201156. Issues from previous inspection have been resolved. Location is in 317B area.**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
281410	WELL	PR	03/17/2010	GW	045-11452	HOAGLUND PA 21-2	PR	<input checked="" type="checkbox"/>
281411	WELL	PR	04/17/2006	GW	045-11453	HOAGLUND PA 321-2	PR	<input checked="" type="checkbox"/>
281412	WELL	PR	04/19/2006	GW	045-11454	HOAGLUND PA 421-2	PR	<input checked="" type="checkbox"/>
287968	WELL	PR	11/17/2006	GW	045-13123	HOAGLUND PA 324-35	PR	<input checked="" type="checkbox"/>
288101	WELL	PR	11/27/2006	GW	045-13161	HOAGLUND PA 322-2	PR	<input checked="" type="checkbox"/>
288102	WELL	PR	11/27/2006	GW	045-13160	HOAGLUND PA 521-2	PR	<input checked="" type="checkbox"/>
288103	WELL	PR	11/27/2006	GW	045-13159	HOAGLUND PA 424-35	PR	<input checked="" type="checkbox"/>
288104	WELL	PR	11/27/2006	GW	045-13158	HOAGLUND PA 524-35	PR	<input checked="" type="checkbox"/>
288116	WELL	PR	11/28/2006	GW	045-13162	HOAGLUND PA 422-2	PR	<input checked="" type="checkbox"/>

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288153	WELL	PR	11/30/2006	GW	045-13163	HOAGLUND PA 22-2	PR	<input checked="" type="checkbox"/>
443563	SPILL OR RELEASE	AC	10/26/2015		-	SPILL/RELEASE POINT	AC	<input type="checkbox"/>

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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
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			
WELLHEAD	SATISFACTORY			

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	STEEL AST	,

S/A/V: SATISFACTORY Comment: AIRS ID 045-1254-002

Corrective Action: _____

Corrective Date: _____

Paint

Condition	Adequate
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Other (Content) _____

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Other (Capacity) _____				
Other (Type) _____				
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				
Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	500 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment: Hoaglund Tank Facility. AIRS ID 045-2110-007	
Corrective Action:				Corrective Date:
<u>Paint</u>				
Condition	Adequate			
Other (Content) _____				
Other (Capacity) _____				
Other (Type) _____				
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				
Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	300 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment: AIRS ID 045-1254-001	
Corrective Action:				Corrective Date:
<u>Paint</u>				
Condition	Adequate			
Other (Content) _____				
Other (Capacity) _____				
Other (Type) _____				
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				
Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	6	400 BBLS	HEATED STEEL AST	,
S/A/V:	SATISFACTORY		Comment: Hoaglund Tank Facility	

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Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition		Adequate			
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					
Facilities: <input type="checkbox"/> New Tank Tank ID: _____					
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	8	400 BBLS	STEEL AST	,	
S/A/V:	SATISFACTORY		Comment: Hoaglund Tank Facility. AIRS ID 045-2110-004		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition		Adequate			
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No		Comment			
NO					
Flaring:					
Type	Satisfactory/Action Required		Comment	Corrective Action	CA Date

Predrill

Location ID: 334767

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**

Facility ID: 281410 Type: WELL API Number: 045-11452 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 281411 Type: WELL API Number: 045-11453 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 281412 Type: WELL API Number: 045-11454 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 287968 Type: WELL API Number: 045-13123 Status: PR Insp. Status: PR

Producing WellComment:

Facility ID: 288101 Type: WELL API Number: 045-13161 Status: PR Insp. Status: PR

Producing WellComment:

Facility ID: 288102 Type: WELL API Number: 045-13160 Status: PR Insp. Status: PR

Producing WellComment:

Facility ID: 288103 Type: WELL API Number: 045-13159 Status: PR Insp. Status: PR

Producing WellComment:

Facility ID: 288104 Type: WELL API Number: 045-13158 Status: PR Insp. Status: PR

Producing WellComment:

Facility ID: 288116 Type: WELL API Number: 045-13162 Status: PR Insp. Status: PR

Producing WellComment:

Facility ID: 288153 Type: WELL API Number: 045-13163 Status: PR Insp. Status: PR

Producing WellComment: **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? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ 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 REVEGETATIONCropland

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 _____

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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
Gravel	Pass					
Retention Ponds	Pass					
Compaction	Pass	Compaction	Pass			
Culverts	Pass	Gravel	Pass			

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT