

**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:
12/03/2015Document Number:
674702136Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335184	335184	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: NESE Sec: 29 Twp: 6S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/29/2014	674700130			SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
210864	WELL	PR	04/19/1990	GW	045-06622	ARCO GV 22-29	PR	<input checked="" type="checkbox"/>
288039	WELL	PR	07/25/2007	GW	045-13155	PUCKETT GM 434-29	PR	<input checked="" type="checkbox"/>
288040	WELL	PR	07/25/2007	GW	045-13154	PUCKETT GM 323-29	PR	<input checked="" type="checkbox"/>
288041	WELL	PR	07/25/2007	GW	045-13153	PUCKETT GM 343-29	PR	<input checked="" type="checkbox"/>
288042	WELL	PR	07/25/2007	GW	045-13152	PUCKETT GM 444-29	PR	<input checked="" type="checkbox"/>
288043	WELL	PR	07/25/2007	GW	045-13151	PUCKETT GM 443-29	PR	<input checked="" type="checkbox"/>
288044	WELL	PR	07/25/2007	GW	045-13150	PUCKETT GM 543-29	PR	<input checked="" type="checkbox"/>
288045	WELL	PR	07/25/2007	GW	045-13149	PUCKETT GM 333-29	PR	<input checked="" type="checkbox"/>
288046	WELL	PR	06/29/2008	GW	045-13148	PUCKETT GM 534-29	PR	<input checked="" type="checkbox"/>
288047	WELL	PR	07/25/2007	GW	045-13147	PUCKETT GM 33-29	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

288048	WELL	PR	07/31/2008	GW	045-13146	PUCKETT GM 634-29	PR	<input checked="" type="checkbox"/>
288049	WELL	PR	07/25/2007	GW	045-13145	PUCKETT GM 423-29	PR	<input checked="" type="checkbox"/>
288050	WELL	PR	07/25/2007	GW	045-13144	PUCKETT GM 334-29	PR	<input checked="" type="checkbox"/>
288051	WELL	PR	07/12/2008	GW	045-13143	PUCKETT GM 34-29	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 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**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	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
TANK BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			
SEPARATOR	SATISFACTORY			

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	14	SATISFACTORY			
Bird Protectors	8	SATISFACTORY			
Plunger Lift	14	SATISFACTORY			

Facilities:☐ New Tank

Tank ID: _____

Inspector Name: LONGWORTH, MIKE

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment: Air id 045-1920-002	
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
Comment				

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	300 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment: Air id 045-1920-001	
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
Comment				

Venting:

Yes/No	Comment
YES	Bradens open to vent.

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 335184

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: 210864

Type: WELL

API Number: 045-06622

Status: PR

Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 288039

Type: WELL

API Number: 045-13155

Status: PR

Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 288040

Type: WELL

API Number: 045-13154

Status: PR

Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 288041	Type: WELL	API Number: 045-13153	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288042	Type: WELL	API Number: 045-13152	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288043	Type: WELL	API Number: 045-13151	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288044	Type: WELL	API Number: 045-13150	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288045	Type: WELL	API Number: 045-13149	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288046	Type: WELL	API Number: 045-13148	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288047	Type: WELL	API Number: 045-13147	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288048	Type: WELL	API Number: 045-13146	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288049	Type: WELL	API Number: 045-13145	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288050	Type: WELL	API Number: 045-13144	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 288051	Type: WELL	API Number: 045-13143	Status: PR	Insp. Status: PR
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:

Lat _____ Long _____

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

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? _____

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

Inspector Name: LONGWORTH, MIKE

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
Compaction	Pass					
		Ditches	Pass			
Ditches	Pass					
		Check Dams	Pass			
Gravel	Pass					
Seeding	Pass					
		Culverts	Pass			
		Compaction	Pass			

S/A/V: SATISFACTOR _____

Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT