

**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
----	----	----	----

Inspection Date:
12/04/2015Document Number:
674702147Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334772	334772	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: SWSW Sec: 35 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	674701117			SATISFACTORY			No
10/15/2014	674700419			SATISFACTORY			No

Inspector Comment:317B Intermediate Buffer (301'-500')**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
210758	WELL	PR	10/23/1986	GW	045-06516	DERE W-24-35	PR	<input checked="" type="checkbox"/>
210893	WELL	PR	05/03/1998	GW	045-06651	DERE GV 47-35	PR	<input checked="" type="checkbox"/>
281506	WELL	PR	04/11/2007	GW	045-11472	DERE PA 23-35	PR	<input checked="" type="checkbox"/>
281508	WELL	PR	07/08/2009	GW	045-11473	DERE PA 323-35	PR	<input checked="" type="checkbox"/>
288848	WELL	PR	01/10/2007	GW	045-13612	DERE/JENSEN PA 13-35	PR	<input checked="" type="checkbox"/>
288857	WELL	PR	01/10/2007	GW	045-13611	DERE/JENSEN PA313-35	PR	<input checked="" type="checkbox"/>
288858	WELL	PR	01/10/2007	GW	045-13610	DERE/JENSEN PA413-35	PR	<input checked="" type="checkbox"/>
288859	WELL	PR	01/10/2007	GW	045-13609	DERE/JENSEN PA 513-35	PR	<input checked="" type="checkbox"/>
288860	WELL	PR	01/10/2007	GW	045-13608	DERE/JENSEN PA 24-35	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

288861	WELL	PR	01/10/2007	GW	045-13607	DERE/JENSEN PA 423-35	PR	<input checked="" type="checkbox"/>
288862	WELL	PR	01/10/2007	GW	045-13606	DERE/JENSEN PA 523-35	PR	<input checked="" type="checkbox"/>
288863	WELL	PR	01/10/2007	GW	045-13605	DERE/JENSEN PA514-35	PR	<input checked="" type="checkbox"/>
288864	WELL	PR	01/10/2007	GW	045-13604	DERE/JENSEN PA 314-35	PR	<input checked="" type="checkbox"/>
288865	WELL	PR	01/10/2007	GW	045-13603	DERE/JENSEN PA414-35	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
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	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
------	------	--------	-------------------	---------

☐ 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	Separators are anchored with cables and ground anchors. Cables ran though skid frames.		

Inspector Name: LONGWORTH, MIKE

Plunger Lift	13	SATISFACTORY			
Bird Protectors	8	SATISFACTORY			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	300 BBLS	STEEL AST	,

S/A/V: SATISFACTORY Comment: Tanks anchored with cables and ground anchors.

Corrective Action: _____ Corrective Date: _____

Paint

Condition Adequate

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
PRODUCED WATER	1	300 BBLS	STEEL AST	,

S/A/V: SATISFACTORY Comment: Tanks anchored with cables and ground anchors.

Corrective Action: _____ Corrective Date: _____

Paint

Condition Adequate

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: 334772

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: 210758 Type: WELL API Number: 045-06516 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 210893 Type: WELL API Number: 045-06651 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281506 Type: WELL API Number: 045-11472 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID:	281508	Type:	WELL	API Number:	045-11473	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	288848	Type:	WELL	API Number:	045-13612	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	288857	Type:	WELL	API Number:	045-13611	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	288858	Type:	WELL	API Number:	045-13610	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	288859	Type:	WELL	API Number:	045-13609	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	288860	Type:	WELL	API Number:	045-13608	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	288861	Type:	WELL	API Number:	045-13607	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	288862	Type:	WELL	API Number:	045-13606	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	288863	Type:	WELL	API Number:	045-13605	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	288864	Type:	WELL	API Number:	045-13604	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	288865	Type:	WELL	API Number:	045-13603	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
		Ditches	Pass			
Ditches	Pass					
Gravel	Pass					
Check Dams	Pass					
		Gravel	Pass			
Compaction	Pass					
		Compaction	Pass			

S/A/V: SATISFACTOR _____ Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

