

**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

Inspection Date:

12/23/2015

Document Number:

666801769

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	294181	335484	Murray, Richard	<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
, Inspections		COGCCInspectionReports@wpxenergy.com	Field Inspections

Compliance Summary:QtrQtr: NESW Sec: 13 Twp: 6S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/03/2011	200302443	SR	PR	SATISFACTORY			No
07/02/2010	200263225	SR	PR	ACTION REQUIRED			No
06/22/2010	200277487	PR	PR	SATISFACTORY			No
02/25/2010	200232614	PR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
294180	WELL	AL	05/27/2011	LO	045-15299	CLOUGH RWF 324-13	AL	<input type="checkbox"/>
294181	WELL	PR	08/01/2008	GW	045-15300	CLOUGH RWF 424-13	PR	<input checked="" type="checkbox"/>
294182	WELL	PR	08/30/2008	GW	045-15301	CLOUGH RWF 24-13	PR	<input checked="" type="checkbox"/>
294183	WELL	AL	05/27/2011	LO	045-15302	CLOUGH RWF 513-13	AL	<input type="checkbox"/>
294184	WELL	AL	05/27/2011	LO	045-15303	CLOUGH RWF 413-13	AL	<input type="checkbox"/>
294185	WELL	AL	05/27/2011	LO	045-15304	CLOUGH RWF 313-13	AL	<input type="checkbox"/>
294186	WELL	AL	05/27/2011	LO	045-15305	CLOUGH RWF 13-13	AL	<input type="checkbox"/>
294187	WELL	AL	05/27/2011	LO	045-15306	CLOUGH RWF 314-13	AL	<input type="checkbox"/>

Inspector Name: Murray, Richard

294188	WELL	AL	05/27/2011	LO	045-15307	CLOUGH RWF 414-13	AL	<input type="checkbox"/>
294189	WELL	AL	05/27/2011	LO	045-15308	CLOUGH RWF 514-13	AL	<input type="checkbox"/>
294190	WELL	PR	08/01/2008	GW	045-15309	CLOUGH RWF 23-13	PR	<input checked="" type="checkbox"/>
294191	WELL	AL	05/27/2011	LO	045-15310	CLOUGH RWF 323-13	AL	<input type="checkbox"/>
294192	WELL	AL	05/27/2011	LO	045-15311	CLOUGH RWF 423-13	AL	<input type="checkbox"/>
294193	WELL	AL	05/27/2011	LO	045-15312	CLOUGH RWF 523-13	AL	<input 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	AIRS ID 045-2018-001		

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Equipment:

Type: Horizontal Heated Separator	# 4	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date:	
Type: Ancillary equipment	# 1	Satisfactory/Action Required: SATISFACTORY
Comment	Chemical unit at wellhead	
Corrective Action	Date:	
Type: Plunger Lift	# 4	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date:	

Facilities:☐ New Tank

Tank ID: _____

Inspector Name: Murray, Richard

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	300 BBLS	STEEL AST	39.522300,-107.838150
S/AR	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	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/AR	SATISFACTORY		Comment: Same berm as condensate tank	
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
Corrective Action				Corrective Date
Comment				

Venting:

Yes/No	YES
Comment	Bradenhead valves open

Flaring:

Type	Satisfactory/Action Required		
Comment:			
Corrective Action:			Correct Action Date:

Predrill

Location ID: 294181

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:

Data retrieval failed for the subreport 'Subreport1' located at: \\10.12.100.15\FarmReports\Insp\InspCOA.rdl. Please check t

S/AR: _____ Comment: _____

CA: _____ Date: _____

Wildlife BMPs:

Data retrieval failed for the subreport 'Subreport2' located at: \\10.12.100.15\FarmReports\Insp\InspBMP.rdl. Please check t

S/AR: _____ 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: 294181 Type: WELL API Number: 045-15300 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 294182 Type: WELL API Number: 045-15301 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 294190 Type: WELL API Number: 045-15309 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

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): N

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): YES

The subreport 'rptInsp13' could not be found at the