

**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:

666801774

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	290656	335613	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: NWNW Sec: 11 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)
10/03/2014	666800130	PR	PR	SATISFACTORY			No
12/08/2010	200287352	PR	PR	SATISFACTORY			No

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
283523	WELL	PR	02/28/2006	GW	045-11929	FEDERAL NR 314-2	PR	<input checked="" type="checkbox"/>
290656	WELL	PR	11/20/2008	GW	045-14180	FEDERAL RWF 311-11	PR	<input checked="" type="checkbox"/>
290657	WELL	PR	11/20/2008	GW	045-14179	FEDERAL RWF 411-11	PR	<input checked="" type="checkbox"/>
290658	WELL	PR	11/20/2008	GW	045-14178	FEDERAL RWF 11-11	PR	<input checked="" type="checkbox"/>
290659	WELL	AL	06/02/2011	LO	045-14177	FEDERAL RWF 21-11	AL	<input type="checkbox"/>
290660	WELL	PR	11/20/2008	GW	045-14176	FEDERAL RWF 521-11	PR	<input checked="" type="checkbox"/>
290661	WELL	AL	06/02/2011	LO	045-14175	FEDERAL RWF 421-11	AL	<input type="checkbox"/>
290662	WELL	AL	06/02/2011	LO	045-14174	FEDERAL RWF 321-11	AL	<input type="checkbox"/>
290665	WELL	AL	06/02/2011	LO	045-14173	FEDERAL NR414-2	AL	<input type="checkbox"/>

Inspector Name: Murray, Richard

290668	WELL	PR	11/30/2008	GW	045-14172	FEDERAL NR 14-2	PR	<input checked="" type="checkbox"/>
290669	WELL	AL	06/02/2011	LO	045-14171	FEDERAL NR514-2	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 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
BATTERY	SATISFACTORY	AIRS ID 045-1402-001		

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

**Spills:**

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Equipment:**

Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	Chemical unit at wellhead		
Corrective Action			Date:
Type: Horizontal Heated Separator	# 6	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Plunger Lift	# 6	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

**Facilities:**☐ New Tank

Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
METHANOL	0			,
S/AR	Comment:			
Corrective Action:				Corrective Date:

Paint

Condition	
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Inspector Name: Murray, Richard

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Comment	
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**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 BBLS	STEEL AST	,

S/AR	SATISFACTORY	Comment:	In same berm as condensate tank
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Corrective Action:		Corrective Date:	
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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	
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Comment	
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**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	300 BBLS	STEEL AST	39.544250,-107.860870

S/AR	SATISFACTORY	Comment:	
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Corrective Action:		Corrective Date:	
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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	
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Comment	
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**Venting:**

Yes/No	YES
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Comment **Bradenhead valves open****Flaring:**

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

**Predrill**

Location ID: 290656

**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\cFormReports\Insp\InspCOA.rdlx. Please check t

**S/AR:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:**

Data retrieval failed for the subreport 'Subreport2' located at: \\10.12.100.15\cFormReports\Insp\InspBMP.rdlx. 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:**

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**Summary of Operator Response to Landowner Issues:**

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**Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:**

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**Facility**

Facility ID: 283523 Type: WELL API Number: 045-11929 Status: PR Insp. Status: PR

**Producing Well**Comment: **Plunger lift**

Inspector Name: Murray, Richard

Facility ID: 290656 Type: WELL API Number: 045-14180 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 290657 Type: WELL API Number: 045-14179 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 290658 Type: WELL API Number: 045-14178 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 290660 Type: WELL API Number: 045-14176 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 290668 Type: WELL API Number: 045-14172 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