

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:
666801775
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>286398</u>	<u>335614</u>	<u>Murray, Richard</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>96850</u>
Name of Operator:	<u>WPX ENERGY ROCKY MOUNTAIN LLC</u>
Address:	<u>PO BOX 370</u>
City:	<u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u>

- 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:	<u>SWNW</u>	Sec:	<u>11</u>	Twp:	<u>6S</u>	Range:	<u>94W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/08/2010	200287350	PR	PR	SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
286397	WELL	PR	06/30/2008	GW	045-12673	CLOUGH RWF 522-11	PR	<input checked="" type="checkbox"/>
286398	WELL	PR	08/28/2006	GW	045-12672	CLOUGH RWF 322-11	PR	<input checked="" type="checkbox"/>
286399	WELL	PR	08/18/2008	GW	045-12671	CLOUGH RWF 12-11	PR	<input checked="" type="checkbox"/>
286400	WELL	PR	08/28/2006	GW	045-12670	CLOUGH RWF 312-11	PR	<input checked="" type="checkbox"/>
286401	WELL	PR	08/28/2006	GW	045-12669	CLOUGH RWF 412-11	PR	<input checked="" type="checkbox"/>
286402	WELL	PR	08/18/2008	GW	045-12668	CLOUGH RWF 512-11	PR	<input checked="" type="checkbox"/>
286403	WELL	PR	08/28/2006	GW	045-12667	CLOUGH RWF 422-11	PR	<input checked="" type="checkbox"/>
291839	WELL	PR	08/18/2008	GW	045-12665	CLOUGH RWF 22-11	PR	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Inspector Name: Murray, Richard

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 045-2071-001		

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: Horizontal Heated Separator	# 8	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Plunger Lift	# 8	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Gas Meter Run	# 0	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment	Chemical unit at wellhead		
Corrective Action			Date:

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
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Inspector Name: Murray, Richard

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action _____ Corrective Date _____

Comment _____

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	39.542120,

S/AR SATISFACTORY Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition Adequate

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action _____ Corrective Date _____

Comment _____

Venting:

Yes/No YES

Comment Bradenhead valve open

Flaring:

Type _____ Satisfactory/Action Required _____

Comment: _____

Corrective Action: _____ Correct Action Date: _____

Predrill

Location ID: 286398

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:

Date 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:

Date 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: 286397 Type: WELL API Number: 045-12673 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 286398 Type: WELL API Number: 045-12672 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 286399 Type: WELL API Number: 045-12671 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 286400 Type: WELL API Number: 045-12670 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 286401 Type: WELL API Number: 045-12669 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 286402 Type: WELL API Number: 045-12668 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 286403 Type: WELL API Number: 045-12667 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 291839 Type: WELL API Number: 045-12665 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