

**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:

12/22/2015

Document Number:

674702221

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335230	335230	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: SESW Sec: 21 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)
12/26/2014	674700794			ACTION REQUIRED			No
12/16/2013	663902510			SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
111456	PIT		09/23/1999		-	1-W-21		<input type="checkbox"/>
210824	WELL	PR	09/29/1989	GW	045-06582	DOE 1-W-21	PR	<input checked="" type="checkbox"/>
272217	WELL	PR	10/06/2004	GW	045-10046	FEDERAL PA 24-21	PR	<input checked="" type="checkbox"/>
272219	WELL	PR	10/12/2004	GW	045-10044	FEDERAL PA 324-21	PR	<input checked="" type="checkbox"/>
272220	WELL	PR	10/13/2004	GW	045-10043	FEDERAL PA 424-21	PR	<input checked="" type="checkbox"/>
272221	WELL	PR	10/15/2004	GW	045-10042	FEDERAL PA 524-21	PR	<input checked="" type="checkbox"/>
278043	WELL	PR	12/01/2005	GW	045-10826	FEDERAL PA 314-21	PR	<input checked="" type="checkbox"/>
278044	WELL	PR	01/06/2006	GW	045-10825	FEDERAL PA 14-21	PR	<input checked="" type="checkbox"/>
278045	WELL	PR	11/24/2005	GW	045-10824	FEDERAL PA 13-21	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: LONGWORTH, MIKE

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
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
CONTAINERS	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
SEPARATOR	SATISFACTORY			
WELLHEAD	SATISFACTORY			
TANK BATTERY	SATISFACTORY			

Equipment:

Type: Horizontal Heated Separator	# 7	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action	Date:		
Type: Ancillary equipment	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment	Chemical containers at wells		
Corrective Action	Date:		
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action	Date:		
Type: Bird Protectors	# 5	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action	Date:		

Inspector Name: LONGWORTH, MIKE

Type: Plunger Lift	# 7	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:

Facilities: ☐ New Tank Tank ID: _____

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

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
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	200 BBLS	STEEL AST	,

S/AR	SATISFACTORY	Comment: Air id 045-1124-001
Corrective Action:		Corrective Date:

Paint

Condition	Adequate
-----------	----------

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal				

Corrective Action		Corrective Date	
Comment			

Venting:

Yes/No	YES
Comment	Bradens are open to vent.

Flaring:

Type		Satisfactory/Action Required	
Comment:			

Corrective Action:

Correct Action
Date:**Predrill**

Location ID: 335230

Site Preparation:

Lease Road Adeq.:

Pads:

Soil Stockpile:

S/AV:

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/AV: **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/AV: **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: 210824

Type: WELL

API Number: 045-06582

Status: PR

Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 272217

Type: WELL

API Number: 045-10046

Status: PR

Insp. Status: PR

Producing Well

Comment: Producing well

Inspector Name: LONGWORTH, MIKE

Facility ID: 272219 Type: WELL API Number: 045-10044 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 272220 Type: WELL API Number: 045-10043 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 272221 Type: WELL API Number: 045-10042 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 278043 Type: WELL API Number: 045-10826 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 278044 Type: WELL API Number: 045-10825 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 278045 Type: WELL API Number: 045-10824 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:

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

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 REVEGETATIONCropland

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 _____

Inspector Name: LONGWORTH, MIKE

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
		Culverts	Pass			
Waddles	Pass					
Ditches	Pass					
		Ditches	Pass			
				MHSP	Pass	
Seeding	Pass					
		Check Dams	Pass			

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

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT