

**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:

12/29/2015

Document Number:

675202361

Overall Inspection:

SATISFACTORY

**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 335042      | 335042 | CONKLIN, CURTIS | <input type="checkbox"/> |             |

**Operator Information:**

|                       |                               |
|-----------------------|-------------------------------|
| OGCC Operator Number: | 96850                         |
| Name of Operator:     | WPX ENERGY ROCKY MOUNTAIN LLC |
| Address:              | PO BOX 370                    |
| City:                 | 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         |
|--------------|-------|--------------------------------------|-----------------|
| WPX, Energy  |       | COGCCInspectionReports@wpxenergy.com | All Inspections |

**Compliance Summary:**

|         |      |      |    |      |    |        |     |
|---------|------|------|----|------|----|--------|-----|
| QtrQtr: | NENE | Sec: | 26 | Twp: | 7S | Range: | 96W |
|---------|------|------|----|------|----|--------|-----|

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/21/2015 | 675201471 |            |             | SATISFACTORY                  |          |                | No              |
| 04/14/2014 | 663902959 |            |             | <b>ACTION REQUIRED</b>        |          |                | No              |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name     | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|-------------------------------------|
| 283419      | WELL | PR     | 07/31/2010  | GW         | 045-11921 | FEDERAL SG 341-26 | PR          | <input checked="" type="checkbox"/> |
| 283420      | WELL | PR     | 07/31/2010  | GW         | 045-11923 | FEDERAL SG 541-26 | PR          | <input checked="" type="checkbox"/> |
| 283421      | WELL | PR     | 07/31/2010  | GW         | 045-11922 | FEDERAL SG 41-26  | PR          | <input checked="" type="checkbox"/> |
| 283422      | WELL | PR     | 07/31/2010  | GW         | 045-11920 | FEDERAL SG 441-26 | PR          | <input checked="" type="checkbox"/> |
| 296293      | WELL | PR     | 07/31/2010  | GW         | 045-15976 | FEDERAL SG 42-26  | PR          | <input checked="" type="checkbox"/> |
| 296294      | WELL | PR     | 07/31/2010  | GW         | 045-15977 | FEDERAL SG 442-26 | PR          | <input checked="" type="checkbox"/> |
| 296295      | WELL | PR     | 07/31/2010  | GW         | 045-15978 | FEDERAL SG 342-26 | PR          | <input checked="" type="checkbox"/> |
| 296296      | WELL | PR     | 07/31/2010  | GW         | 045-15979 | FEDERAL SG 542-26 | PR          | <input checked="" type="checkbox"/> |
| 412012      | WELL | PR     | 01/11/2010  | GW         | 045-18419 | FEDERAL SG 534-23 | 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**

|                    |                              |         |                   |      |
|--------------------|------------------------------|---------|-------------------|------|
| <b>Lease Road:</b> |                              |         |                   |      |
| Type               | Satisfactory/Action Required | comment | Corrective Action | Date |
| Access             | SATISFACTORY                 |         |                   |      |

|                      |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| <b>Signs/Marker:</b> |                              |         |                   |         |
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS | SATISFACTORY                 |         |                   |         |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: \_\_\_\_\_

Comment: 285-9377

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

|                           |                              |         |                   |         |
|---------------------------|------------------------------|---------|-------------------|---------|
| <b>Good Housekeeping:</b> |                              |         |                   |         |
| Type                      | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                           |                              |         |                   |         |

|                |      |        |                   |         |
|----------------|------|--------|-------------------|---------|
| <b>Spills:</b> |      |        |                   |         |
| Type           | Area | Volume | Corrective action | CA Date |
|                |      |        |                   |         |

Multiple Spills and Releases?

|                  |                              |   |                   |         |
|------------------|------------------------------|---|-------------------|---------|
| <b>Fencing/:</b> |                              |   |                   |         |
| Type             | Satisfactory/Action Required | Comment                                 | Corrective Action | CA Date |
| Livestock        | SATISFACTORY                 | Wellheads, tank battery and seperators. |                   |         |

|                   |   |                               |  |       |
|-------------------|---|-------------------------------|--|-------|
| <b>Equipment:</b> |   |                               |  |       |
| Type:             | # | Satisfactory/Action Required: |  |       |
| Comment           |   |                               |  |       |
| Corrective Action |   |                               |  | Date: |

|   |              |  |           |                  |
|---|--------------|--|-----------|------------------|
| <b>Facilities:</b> <input type="checkbox"/> New Tank Tank ID: _____ |              |  |           |                  |
| Contents  | #            | Capacity   | Type      | SE GPS           |
| CONDENSATE  | 1            | 300 BBLS   | STEEL AST | ,                |
| S/AR  | SATISFACTORY | Comment: <span style="color: red;">AIRS ID 045-2036-002</span> |           |                  |
| Corrective Action:  |              |  |           | Corrective Date: |

Inspector Name: CONKLIN, CURTIS

|                  |          |
|------------------|----------|
| 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/AR               | SATISFACTORY |          | Comment: AIRS ID 045-2036-001 |                  |
| Corrective Action: |              |          |                               | Corrective Date: |

**Paint**

|                  |          |
|------------------|----------|
| Condition        | Adequate |
| Other (Content)  | _____    |
| Other (Capacity) | _____    |
| Other (Type)     | _____    |

**Berms**

| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |
|-------------------|----------|---------------------|---------------------|-----------------|
|                   |          |                     |                     |                 |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           | Same     |                     |                     |                 |

**Venting:**

|         |    |
|---------|----|
| Yes/No  | NO |
| Comment |    |

**Flaring:**

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

**Predrill**

Location ID: 335042

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/AR:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

**S/AR:** \_\_\_\_\_ **Comment:** \_\_\_\_\_

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Wildlife BMPs:**

**S/AR:** \_\_\_\_\_ **Comment:** \_\_\_\_\_

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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: 283419 Type: WELL API Number: 045-11921 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR w/ Plunger

Facility ID: 283420 Type: WELL API Number: 045-11923 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR w/ Plunger

Facility ID: 283421 Type: WELL API Number: 045-11922 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR w/ Plunger

Facility ID: 283422 Type: WELL API Number: 045-11920 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR w/ Plunger

Facility ID: 296293 Type: WELL API Number: 045-15976 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR w/ Plunger

Facility ID: 296294 Type: WELL API Number: 045-15977 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR w/ Plunger

Facility ID: 296295 Type: WELL API Number: 045-15978 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR w/ Plunger

Facility ID: 296296 Type: WELL API Number: 045-15979 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR w/ Plunger

Facility ID: 412012 Type: WELL API Number: 045-18419 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR w/ Plunger

**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. Waste and Debris removed? \_\_\_\_\_

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? \_\_\_\_\_

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Pit, cellars, rat holes and other bores closed? \_\_\_\_\_

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**

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 \_\_\_\_\_

Inspector Name: CONKLIN, CURTIS

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

S/A/V: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Comment: Could not do complete stormwater inspection due to snow cover.

CA: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT