

**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
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Inspection Date:
01/13/2016Document Number:
674702283Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335148	335148	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: NESE Sec: 35 Twp: 6S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/01/2015	674701357			SATISFACTORY			No
02/06/2014	663902764			SATISFACTORY	F		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
211070	WELL	PR	01/08/2001	GW	045-06828	FEDERAL 1-M-35	PR	<input checked="" type="checkbox"/>
257535	WELL	PR	06/20/2000	GW	045-07570	FEDFERAL GM 42-35	PR	<input checked="" type="checkbox"/>
260369	WELL	PR	06/13/2001	GW	045-07851	FEDERAL GM 33-35	PR	<input checked="" type="checkbox"/>
260424	WELL	PR	12/29/2010	GW	045-07855	FEDERAL GM 43-35	PR	<input checked="" type="checkbox"/>
281957	WELL	PR	09/14/2006	GW	045-11598	FEDERAL GM 333-35	PR	<input checked="" type="checkbox"/>
281958	WELL	PR	09/14/2006	GW	045-11599	FEDERAL GM 332-35	PR	<input checked="" type="checkbox"/>
281960	WELL	PR	09/14/2006	GW	045-11600	FEDERAL GM 433-35	PR	<input checked="" type="checkbox"/>
281961	WELL	PR	09/14/2006	GW	045-11601	FEDERAL GM 543-35	PR	<input checked="" type="checkbox"/>
281963	WELL	PR	09/14/2006	GW	045-11602	FEDERAL GM 343-35	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

281966	WELL	PR	09/14/2006	GW	045-11603	FEDERAL GM 443-35	PR	<input checked="" type="checkbox"/>
281970	WELL	PR	09/14/2006	GW	045-11604	FEDERAL GM 442-35	PR	<input checked="" type="checkbox"/>
281971	WELL	PR	09/14/2006	GW	045-11605	FEDERAL GM 331-35	PR	<input checked="" type="checkbox"/>
282006	WELL	PR	09/14/2006	GW	045-11612	FEDERAL GM 341-35	PR	<input checked="" type="checkbox"/>
282010	WELL	PR	09/14/2006	GW	045-11611	FEDERAL GM 342-35	PR	<input checked="" type="checkbox"/>
282011	WELL	PR	05/31/2007	GW	045-11610	FEDERAL GM 22-35	PR	<input checked="" type="checkbox"/>
282012	WELL	PR	09/14/2006	GW	045-11609	FEDERAL GM 432-35	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 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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	Snow packed		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: 970-285-9377

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

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

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			
SEPARATOR	SATISFACTORY			

Equipment:				
Type: Plunger Lift	# 16	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Bird Protectors	# 8	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Horizontal Heated Separator	# 16	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:

Facilities:				
<input checked="" type="checkbox"/> New Tank	Tank ID: _____			
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 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				

Venting:	
Yes/No	YES
Comment	Bradens are open to vent.

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

Predrill

Location ID: 335148

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/V:** _____ **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: 211070 Type: WELL API Number: 045-06828 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 257535 Type: WELL API Number: 045-07570 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 260369 Type: WELL API Number: 045-07851 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID:	260424	Type:	WELL	API Number:	045-07855	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	281957	Type:	WELL	API Number:	045-11598	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	281958	Type:	WELL	API Number:	045-11599	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	281960	Type:	WELL	API Number:	045-11600	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	281961	Type:	WELL	API Number:	045-11601	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	281963	Type:	WELL	API Number:	045-11602	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	281966	Type:	WELL	API Number:	045-11603	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	281970	Type:	WELL	API Number:	045-11604	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	281971	Type:	WELL	API Number:	045-11605	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	282006	Type:	WELL	API Number:	045-11612	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	282010	Type:	WELL	API Number:	045-11611	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	282011	Type:	WELL	API Number:	045-11610	Status:	PR	Insp. Status:	PR

Producing WellComment: **Producing well**

Facility ID: 282012 Type: WELL API Number: 045-11609 Status: PR Insp. Status: PR

Producing WellComment: **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:

Lat Long

DWR Receipt Num: Owner Name: GPS :

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 _____

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
Seeding						
Check Dams	Pass					
		Ditches	Pass			
Ditches	Pass					

Inspector Name: LONGWORTH, MIKE

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT