

**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:

01/26/2016

Document Number:

666801838

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	297674	335478	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: SENW Sec: 26 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)
04/01/2009	200207806	PR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
296693	WELL	PR	05/20/2009	GW	045-16101	SAVAGE RWF 411-26	PR	<input checked="" type="checkbox"/>
297596	WELL	PR	02/12/2009	GW	045-16885	SAVAGE RWF 12-26	PR	<input checked="" type="checkbox"/>
297597	WELL	PR	05/20/2009	GW	045-16886	SAVAGE RMV 149-26	PR	<input checked="" type="checkbox"/>
297598	WELL	PR	02/28/2009	GW	045-16887	SAVAGE RWF 21-26	PR	<input checked="" type="checkbox"/>
297672	WELL	PR	08/12/2008	GW	045-16914	SAVAGE RWF 321-26	PR	<input checked="" type="checkbox"/>
297673	WELL	PR	05/31/2009	GW	045-16915	SAVAGE RWF 322-26	PR	<input checked="" type="checkbox"/>
297674	WELL	PR	08/12/2008	GW	045-16916	SAVAGE RWF 412-26	TA	<input checked="" type="checkbox"/>
297675	WELL	PR	05/31/2009	GW	045-16917	SAVAGE RWF 323-26	PR	<input checked="" type="checkbox"/>
297676	WELL	PR	05/31/2009	GW	045-16918	SAVAGE RWF 522-26	PR	<input checked="" type="checkbox"/>
297677	WELL	PR	08/12/2008	GW	045-16919	SAVAGE RWF 421-26	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

297678	WELL	PR	08/12/2008	GW	045-16920	SAVAGE RWF 22-26	PR	<input checked="" type="checkbox"/>
297679	WELL	PR	08/12/2008	GW	045-16921	SAVAGE RWF 312-26	PR	<input checked="" type="checkbox"/>
297680	WELL	PR	08/12/2008	GW	045-16922	SAVAGE RWF 13-26	PR	<input checked="" type="checkbox"/>
297681	WELL	PR	08/12/2008	GW	045-16923	SAVAGE RWF 422-26	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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

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

Equipment:

Type: Plunger Lift	# 14	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date: _____
Type: Gas Meter Run	# 0	Satisfactory/Action Required: SATISFACTORY

Inspector Name: Murray, Richard

Comment			
Corrective Action		Date:	
Type: Horizontal Heated Separator	# 14	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		Disconnected	
Corrective Action		Date:	
Type: Ancillary equipment	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment		Chemical units at wellhead	
Corrective Action		Date:	

Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	STEEL AST	39.497052,-107.859216
S/AR	SATISFACTORY	Comment:		

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	
Comment			

Venting:

Yes/No	
Comment	

Flaring:

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

Predrill

Location ID: 297674

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: 296693 Type: WELL API Number: 045-16101 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 297596 Type: WELL API Number: 045-16885 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 297597 Type: WELL API Number: 045-16886 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Inspector Name: Murray, Richard

Facility ID: 297598	Type: WELL	API Number: 045-16887	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297672	Type: WELL	API Number: 045-16914	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297673	Type: WELL	API Number: 045-16915	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297674	Type: WELL	API Number: 045-16916	Status: PR	Insp. Status: TA
Idle Well				
Purpose: <input type="checkbox"/> Shut In <input checked="" type="checkbox"/> Temporarily Abandoned Reminder: _____ S/A/V: SATISFACTORY CA Date: _____ CA: _____ Comment: Workover				
Workover				
Comment: MWS Rig 14 on location, Repair casing leak, verbal ok from COGCC staff				
Facility ID: 297675	Type: WELL	API Number: 045-16917	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297676	Type: WELL	API Number: 045-16918	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297677	Type: WELL	API Number: 045-16919	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297678	Type: WELL	API Number: 045-16920	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297679	Type: WELL	API Number: 045-16921	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297680	Type: WELL	API Number: 045-16922	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 297681	Type: WELL	API Number: 045-16923	Status: PR	Insp. Status: PR

Producing WellComment: **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): YComment: **Disconnected**Pilot: OFF Wildlife Protection Devices (fired vessels): YES**Reclamation - Storm Water - Pit****Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Waste and Debris removed? Pass

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass

CM _____

CA _____ CA Date _____

Guy line anchors marked? In

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? _____

Inspector Name: Murray, Richard

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 _____

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
		Ditches	Pass			
Compaction	Pass					
		Compaction	Pass			
		Culverts	Pass			

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

Comment: **Snow covered access road and location**

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT