

**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:

01/27/2016

Document Number:

685300005

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	214159	325159	St John, William (Cal)	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 96705Name of Operator: WPX ENERGY PRODUCTION LLCAddress: P O BOX 3102 MS-25-2City: TULSA State: OK Zip: 74101

- ☐ 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
Labowskie, Steve		steve.labowskie@state.co.us	

Compliance Summary:QtrQtr: NESW Sec: 10 Twp: 33N Range: 8W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/29/2013	669400628	PR	PR	SATISFACTORY	I		No
05/05/2009	200209604	PR	PR	SATISFACTORY			No
01/18/2006	200087914	PR	PR	SATISFACTORY		Pass	No
01/27/2004	200052451	PR	PR	SATISFACTORY		Pass	No
02/11/2003	200036317	PR	PR	SATISFACTORY		Pass	No
07/16/2001	200019474	PR	PR	SATISFACTORY		Pass	No
02/10/2000	200004383	PR	PR	SATISFACTORY		Pass	No
03/04/1998	500146874	PR	PR			Pass	No
03/04/1998	500146870	PR	PR			Pass	No
01/28/1998	500146873	PR	PR			Pass	No
01/28/1998	500146869	PR	PR			Pass	No
03/21/1996	500146868	PR	PR				No
03/21/1996	500146872	PR	PR				No
08/12/1994	500146867	PR	PR			Pass	No
08/12/1994	500146871	PR	PR			Pass	No

Inspector Comment:**Related Facilities:**

Inspector Name: St John, William (Cal)

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
105415	PIT		09/23/1999		-	IGNACIO 33-8 5		<input type="checkbox"/>
214159	WELL	PR	03/25/2015	GW	067-05476	IGNACIO 33-8 5	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
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
OTHER	SATISFACTORY	Location Sign		

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	SATISFACTORY	Location covered in snow at the time of inspection.		

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
PIT	SATISFACTORY	Fencing around both pits in good repair.		

Equipment:

Type: Flow Line	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date: _____

Inspector Name: St John, William (Cal)

Type: Dehydrator	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment Telemetry Equipment			
Corrective Action			Date:
Type: Bird Protectors	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment Cathodic Protection System.			
Corrective Action			Date:
Type: Gas Meter Run	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment Wellhead. Missing Wellhead sign noted in signs and markers.			
Corrective Action			Date:

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	OTHER	Open Top	,
S/AR SATISFACTORY		Comment: 125 BBL open top pits (2).		
Corrective Action:				Corrective Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	125 BBL
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment Location covered in snow.				

Venting:

Yes/No	NO
Comment	

Flaring:

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

Predrill

Location ID: 214159

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: <u>214159</u>	Type: <u>WELL</u>	API Number: <u>067-05476</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Producing Well

Comment: _____

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: Location was snow covered at the time of the inspection.1003a. Waste and Debris removed? PassCM Nothing visibly noted at time of inspection.

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? _____

CM _____

CA _____ CA Date _____

1003b. Area no longer in use? PassProduction areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? PassSubsidence over on drill pit? Pass

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? PassSegregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**Cropland

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced	Pass	Recontoured	Pass	80% Revegetation	
1003 f. Weeds Noxious weeds? _____					
Comment: Location snow covered at time of inspection.					
Overall Interim Reclamation					

Date Final Reclamation Started: _____	Date Final Reclamation Completed: _____
Final Land Use: _____	
Reminder: _____	
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Corrective Action: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Date _____	
Overall Final Reclamation _____	Well Release on Active Location <input type="checkbox"/>
	Multi-Well Location <input type="checkbox"/>

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass					
		Compaction	Pass			
Berms	Pass					

Comment:	
CA:	

Pits:	<input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT
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