

**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:

02/11/2016

Document Number:

675202502

Overall Inspection:

SATISFACTORY

**FIELD INSPECTION FORM**

|                     |             |        |                 |   |                   |
|---------------------|-------------|--------|-----------------|---|-------------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection <input type="checkbox"/> | 2A Doc Num: _____ |
|                     | 334409      | 334409 | CONKLIN, CURTIS |   |                   |

**Operator Information:**

|   |
|---|
| OGCC Operator Number: <u>96850</u>                        |
| Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>    |
| Address: <u>PO BOX 370</u>                                |
| City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u> |

- 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: <u>SWNW</u> | Sec: <u>35</u> | Twp: <u>7S</u> | Range: <u>96W</u> |
|---------------------|----------------|----------------|-------------------|

| 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 | 675201521 |            |             | SATISFACTORY                  |          |                | No              |
| 04/18/2014 | 663902990 |            |             | SATISFACTORY                  |          |                | No              |

**Inspector Comment:**

**This location is shared with the Williams Una Compressor Unit**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name      | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|-------------------------------------|
| 296856      | WELL | PR     | 04/16/2008  | GW         | 045-16176 | WILLIAMS SG 12-35  | PR          | <input checked="" type="checkbox"/> |
| 296857      | WELL | PR     | 04/16/2008  | GW         | 045-16177 | WILLIAMS SG 412-35 | PR          | <input checked="" type="checkbox"/> |
| 296858      | WELL | PR     | 07/01/2008  | GW         | 045-16178 | WILLIAMS SG 512-35 | PR          | <input checked="" type="checkbox"/> |
| 296859      | WELL | PR     | 04/16/2008  | GW         | 045-16179 | WILLIAMS SG 312-35 | PR          | <input checked="" type="checkbox"/> |
| 296860      | WELL | PR     | 04/16/2008  | GW         | 045-16180 | WILLIAMS SG 22-35  | PR          | <input checked="" type="checkbox"/> |
| 296861      | WELL | PR     | 04/16/2008  | GW         | 045-16181 | WILLIAMS SG 322-35 | PR          | <input checked="" type="checkbox"/> |
| 296862      | WELL | PR     | 04/16/2008  | GW         | 045-16182 | WILLIAMS SG 422-35 | PR          | <input checked="" type="checkbox"/> |
| 296863      | WELL | PR     | 04/16/2009  | GW         | 045-16183 | WILLIAMS SG 522-35 | 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 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**

**Lease Road:**

| Type   | Satisfactory/Action Required | comment | Corrective Action | Date |
|--------|------------------------------|---------|-------------------|------|
| Access | SATISFACTORY                 |         |                   |      |

**Signs/Marker:**

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

Emergency Contact Number (S/AR): 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 |
|--|------|--------|-------------------|---------|
| <input type="checkbox"/> Multiple Spills and Releases? |      |        |                   |         |

**Fencing/:**

| Type     | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|---------|-------------------|---------|
| WELLHEAD | SATISFACTORY                 |         |                   |         |

**Equipment:**

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

**Facilities:**

New Tank Tank ID: \_\_\_\_\_

| Contents   | # | Capacity | Type      | SE GPS |
|------------|---|----------|-----------|--------|
| CONDENSATE | 2 | 300 BBLS | STEEL AST | ,      |

S/AR: SATISFACTORY Comment: **AIRS ID 045-2030-001**  
 Corrective Action: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

**Paint**

|           |          |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Inspector Name: CONKLIN, CURTIS

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

**Berms**

| Type  | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|----------|---------------------|---------------------|-------------|
| Metal | Adequate | Walls Sufficent     | Base Sufficient     | Adequate    |

|                   |  |                 |  |
|-------------------|--|-----------------|--|
| Corrective Action |  | Corrective Date |  |
|-------------------|--|-----------------|--|

Comment \_\_\_\_\_

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

| Contents       | # | Capacity | Type      | SE GPS |
|----------------|---|----------|-----------|--------|
| PRODUCED WATER | 2 | 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 |
|------|----------|---------------------|---------------------|-------------|
|      |          |                     |                     |             |

|                   |  |                 |  |
|-------------------|--|-----------------|--|
| 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: 334409

**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: 296856 Type: WELL API Number: 045-16176 Status: PR Insp. Status: PR

Facility ID: 296857 Type: WELL API Number: 045-16177 Status: PR Insp. Status: PR

Facility ID: 296858 Type: WELL API Number: 045-16178 Status: PR Insp. Status: PR

Facility ID: 296859 Type: WELL API Number: 045-16179 Status: PR Insp. Status: PR

Facility ID: 296860 Type: WELL API Number: 045-16180 Status: PR Insp. Status: PR

Facility ID: 296861 Type: WELL API Number: 045-16181 Status: PR Insp. Status: PR

Facility ID: 296862 Type: WELL API Number: 045-16182 Status: PR Insp. Status: PR

Facility ID: 296863 Type: WELL API Number: 045-16183 Status: PR Insp. Status: PR

**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 \_\_\_\_\_

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