

**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:

02/12/2016

Document Number:

675202510

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>
	334744	334744	CONKLIN, CURTIS	2A Doc Num: _____

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
WPX, Energy		COGCCInspectionReports@wpxenergy.com	All Inspections

Compliance Summary:QtrQtr: SENV Sec: 27 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)
05/11/2015	675201542			SATISFACTORY			No
12/19/2014	675200973			ACTION REQUIRED			No
04/09/2014	663902940			SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
291636	WELL	PR	07/30/2007	GW	045-14473	WRIGHT,SMALLWOOD, CASTEEL SG 22-27	PR	<input checked="" type="checkbox"/>
291637	WELL	PR	07/30/2007	GW	045-14472	WRIGHT,SMALLWOOD, CASTEEL SG 322-27	PR	<input checked="" type="checkbox"/>
291638	WELL	PR	07/30/2007	GW	045-14471	WRIGHT,SMALLWOOD, CASTEEL SG 522-27	PR	<input checked="" type="checkbox"/>
291639	WELL	PR	07/30/2007	GW	045-14470	WRIGHT,SMALLWOOD CASTEEL SG 422-27	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			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	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
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☐ Multiple Spills and Releases?**Fencing/:**

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

Equipment:

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

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST	,

S/AR	SATISFACTORY	Comment:	
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Inspector Name: CONKLIN, CURTIS

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance																							
Corrective Action					Corrective Date																						
Comment	Same																										
Facilities: <input type="checkbox"/> New Tank Tank ID: _____																											
Contents	#	Capacity	Type	SE GPS																							
CONDENSATE	1	300 BBLS	STEEL AST	,																							
S/AR	SATISFACTORY	Comment:																									
Corrective Action:					Corrective Date:																						
<u>Paint</u> <table border="1"> <tr> <td>Condition</td><td>Adequate</td></tr> </table> Other (Content) _____ Other (Capacity) _____ Other (Type) _____						Condition	Adequate																				
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<u>Berms</u> <table border="1"> <tr> <td>Type</td><td>Capacity</td><td>Permeability (Wall)</td><td>Permeability (Base)</td><td>Maintenance</td></tr> <tr> <td>Metal</td><td>Adequate</td><td>Walls Sufficient</td><td>Base Sufficient</td><td>Adequate</td></tr> </table> <table border="1"> <tr> <td>Corrective Action</td><td colspan="4"></td><td>Corrective Date</td></tr> <tr> <td>Comment</td><td colspan="5"></td></tr> </table>						Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	Corrective Action					Corrective Date	Comment					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance																							
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate																							
Corrective Action					Corrective Date																						
Comment																											
<u>Venting:</u> <table border="1"> <tr> <td>Yes/No</td><td>NO</td></tr> <tr> <td>Comment</td><td></td></tr> </table>						Yes/No	NO	Comment																			
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Comment																											
<u>Flaring:</u> <table border="1"> <tr> <td>Type</td><td></td><td>Satisfactory/Action Required</td><td></td></tr> <tr> <td>Comment:</td><td colspan="3"></td></tr> <tr> <td>Corrective Action:</td><td></td><td>Correct Action Date:</td><td></td></tr> </table>						Type		Satisfactory/Action Required		Comment:				Corrective Action:		Correct Action Date:											
Type		Satisfactory/Action Required																									
Comment:																											
Corrective Action:		Correct Action Date:																									

Predrill

Location ID: 334744

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: 291636 Type: WELL API Number: 045-14473 Status: PR Insp. Status: PR

Facility ID: 291637 Type: WELL API Number: 045-14472 Status: PR Insp. Status: PR

Facility ID: 291638 Type: WELL API Number: 045-14471 Status: PR Insp. Status: PR

Facility ID: 291639 Type: WELL API Number: 045-14470 Status: PR Insp. Status: PR

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: CONKLIN, CURTIS

Comment: <input style="width: 700px;" type="text"/>			
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:			
<input style="width: 300px;" type="text"/>			
Sample Location: <input style="width: 400px;" type="text"/>			
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: <input style="width: 750px;" type="text"/>	
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	
<u>Cropland</u>	
Top soil replaced _____	Recontoured _____ Perennial forage re-established _____

Inspector Name: CONKLIN, CURTIS

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