

**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:

02/19/2016

Document Number:

675102298

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	422384	422384	GRANAHAN, KYLE	<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
, WPX		COGCCInspectionReports@wpxenergy.com	All inspections

Compliance Summary:QtrQtr: Lot 7 Sec: 25 Twp: 1S Range: 98W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
422368	WELL	PR	08/21/2012	GW	103-11860	Federal RGU 442-25-198	PR	<input checked="" type="checkbox"/>
422373	WELL	PR	11/13/2012	GW	103-11861	Federal RGU 332-25-198	PR	<input checked="" type="checkbox"/>
422381	WELL	PR	08/23/2012	GW	103-11862	Federal RGU 22-25-198	PR	<input checked="" type="checkbox"/>
422389	WELL	PR	07/31/2012	GW	103-11863	Federal RGU 422-25-198	PR	<input checked="" type="checkbox"/>
422417	WELL	PR	08/21/2012	GW	103-11864	Federal RGU 42-25-198	PR	<input checked="" type="checkbox"/>
422429	WELL	PR	07/31/2012	GW	103-11865	Federal RGU 531-25-198	PR	<input checked="" type="checkbox"/>
422434	WELL	PR	07/31/2012	GW	103-11867	Federal RGU 532-25-198	PR	<input checked="" type="checkbox"/>
422449	WELL	PR	07/31/2012	GW	103-11868	Federal RGU 23-25-198	PR	<input checked="" type="checkbox"/>
422454	WELL	PR	08/23/2012	GW	103-11869	Federal RGU 43-25-198	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: GRANAHAH, KYLE

Special Purpose Pits: <u>3</u>	Drilling Pits: <u> </u>	Wells: <u>9</u>	Production Pits: <u> </u>
Condensate Tanks: <u>1</u>	Water Tanks: <u> </u>	Separators: <u>9</u>	Electric Motors: <u> </u>
Gas or Diesel Mortors: <u> </u>	Cavity Pumps: <u> </u>	LACT Unit: <u> </u>	Pump Jacks: <u> </u>
Electric Generators: <u> </u>	Gas Pipeline: <u>1</u>	Oil Pipeline: <u> </u>	Water Pipeline: <u>2</u>
Gas Compressors: <u> </u>	VOC Combustor: <u> </u>	Oil Tanks: <u> </u>	Dehydrator Units: <u> </u>
Multi-Well Pits: <u> </u>	Pigging Station: <u> </u>	Flare: <u> </u>	Fuel Tanks: <u> </u>

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			
BATTERY	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
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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: Horizontal Heated Separator	# 9	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		
Date:		
Type: Plunger Lift	# 9	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		
Date:		

Type: Dehydrator	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Bird Protectors	# 15	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Deadman # & Marked	#	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment: Chemical tote w/secondary containment.			
Corrective Action			Date:

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	500 BBLS	HEATED STEEL AST	39.936220,-108.338820

S/AR	SATISFACTORY	Comment:	AIRS ID 103/0628/001
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
Comment			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	4	500 BBLS	HEATED STEEL AST	,

S/AR	SATISFACTORY	Comment:	AIRRS ID 103/0628/002
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Inspector Name: GRANAHAN, KYLE

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
Comment			

Venting:

Yes/No	NO
Comment	

Flaring:

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

Predrill

Location ID: 422384

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AR: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	kubeczko	<p>GENERAL SITE COAs:</p> <p>COA 5 - Operator must implement best management practices to contain any unintentional release of fluids, including any fluids conveyed via temporary surface pipelines or buried pipelines.</p> <p>Any pit constructed to hold fluids (reserve pit, production pit, frac pit; except for flare pit, if built) must be lined.</p> <p>Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations; including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures (i.e., best management practices (BMPs) associated with stormwater management) sufficiently protective of nearby surface water. Any berm constructed at the well pad location will be stabilized, inspected at regular intervals (at least every 14 days), and maintained in good condition.</p> <p>Flowback and stimulation fluids must be sent to tanks to allow the sand to settle out before the fluids can be placed into any pipeline or pit located on the well pad. The flowback and stimulation fluid tanks must be placed on the well pad in an area with additional downgradient perimeter berming. The area where flowback fluids will be stored/reused must be constructed to be sufficiently impervious to contain any spilled or released material (per Rule 604.a.(4)). Under unforeseen upset conditions during flowback operations, operator may discharge flowback fluids directly into the pit, as needed (notice of intent to directly discharge into the pit must be sent to Dave Kubeczko; email dave.kubeczko@state.co.us).</p> <p>Berms or other containment devices shall be constructed in compliance with Rule 604.a.(4) around crude oil, condensate, and produced water storage tanks.</p> <p>The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1.</p> <p>No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. The entire base of the pit must be in cut.</p>	03/28/2011

S/AR: SATISFACTORY **Comment:** COA's met at time of inspection

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:

Inspector Name: GRANAHAHAN, KYLE

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: 422368 Type: WELL API Number: 103-11860 Status: PR Insp. Status: PR

Producing Well

Comment: PR - no leaks/venting present

Facility ID: 422373 Type: WELL API Number: 103-11861 Status: PR Insp. Status: PR

Producing Well

Comment: PR - no leaks/venting present

Facility ID: 422381 Type: WELL API Number: 103-11862 Status: PR Insp. Status: PR

Producing Well

Comment: PR - no leaks/venting present

Facility ID: 422389 Type: WELL API Number: 103-11863 Status: PR Insp. Status: PR

Producing Well

Comment: PR - no leaks/venting present

Facility ID: 422417 Type: WELL API Number: 103-11864 Status: PR Insp. Status: PR

Producing Well

Comment: PR - no leaks/venting present

Facility ID: 422429 Type: WELL API Number: 103-11865 Status: PR Insp. Status: PR

Producing Well

Comment: PR - no leaks/venting present

Facility ID: 422434 Type: WELL API Number: 103-11867 Status: PR Insp. Status: PR

Producing Well

Comment: PR - no leaks/venting present

Facility ID: 422449 Type: WELL API Number: 103-11868 Status: PR Insp. Status: PR

Producing Well

Comment: PR - no leaks/venting present

Facility ID: 422454 Type: WELL API Number: 103-11869 Status: PR Insp. Status: PR

Producing WellComment: **PR - no leaks/venting present****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: RANGELAND

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? Pass

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: GRANAHAHAN, KYLE

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: RANGELAND _____

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
Gravel	Pass					
Berms	Pass					
Compaction	Pass					

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

Comment: SNow cover present - no sediment flow evident

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT