

**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:

675102300

Overall Inspection:

SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	413591	413591	GRANAHAN, KYLE	<input type="checkbox"/>	

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		COGCCInspectionReports@wpxenergy.com	All inspections

Compliance Summary:

QtrQtr:	<u>Lot 2</u>	Sec:	<u>24</u>	Twp:	<u>1S</u>	Range:	<u>98W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/05/2015	675101343			SATISFACTORY	I		No

Inspector Comment:

All corrective actions have been implemented from inspection doc # 675101343

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
411886	WELL	PR	04/17/2009	GW	103-11503	FEDERAL NRG 434-13-198	PR	<input checked="" type="checkbox"/>
411887	WELL	PR	04/17/2009	GW	103-11504	FEDERAL RGU 341-24-198	PR	<input checked="" type="checkbox"/>
411888	WELL	PR	04/17/2009	GW	103-11505	FEDERAL RGU 541-24-198	PR	<input checked="" type="checkbox"/>
411889	WELL	PR	01/07/2010	GW	103-11506	FEDERAL RGU 531-24-198	PR	<input checked="" type="checkbox"/>
419633	WELL	PR	06/10/2013	GW	103-11804	Federal RGU 22-24-198	PR	<input checked="" type="checkbox"/>
419634	WELL	PR	06/10/2013	GW	103-11805	Federal RGU 421-24-198	PR	<input checked="" type="checkbox"/>
419636	WELL	PR	06/10/2013	GW	103-11806	Federal RGU 21-24-198	PR	<input checked="" type="checkbox"/>
419637	WELL	PR	12/10/2014	GW	103-11807	Federal RGU 331-24-198	PR	<input checked="" type="checkbox"/>
419640	WELL	PR	04/01/2013	GW	103-11808	Federal RGU 332-24-198	PR	<input checked="" type="checkbox"/>
440441	SPILL OR RELEASE	CL	12/12/2014		-	SPILL/RELEASE POINT	CL	<input type="checkbox"/>

Equipment:		Location Inventory			
Special Purpose Pits: _____	Drilling Pits: <u>2</u>	Wells: <u>19</u>	Production Pits: _____		
Condensate Tanks: <u>6</u>	Water Tanks: <u>6</u>	Separators: <u>4</u>	Electric Motors: _____		
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____		
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: <u>2</u>		
Gas Compressors: _____	VOC Combustor: <u>1</u>	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
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	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
IGNITOR/COMBUST OR	SATISFACTORY			
SEPARATOR	SATISFACTORY			
WELLHEAD	SATISFACTORY			
TANK BATTERY	SATISFACTORY			

Equipment:				
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:	
Type: Other	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	Production water pump house		
Corrective Action		Date:	
Type: Bird Protectors	# 16	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Deadman # & Marked	#	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Horizontal Heated Separator	# 10	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Pig Station	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Dehydrator	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Plunger Lift	# 9	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	4	500 BBLS	HEATED STEEL AST	,
S/AR	SATISFACTORY		Comment:	
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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	500 BBLs	HEATED 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 _____

Venting:

Yes/No: NO

Comment _____

Flaring:

Type _____ Satisfactory/Action Required _____

Comment: _____

Corrective Action: _____ Correct Action Date: _____

Predrill

Location ID: 413591

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:

Group	User	Comment	Date
OGLA	kubeczkod	Operator must implement best management practices to contain any unintentional release of fluids.	08/30/2010
OGLA	kubeczkod	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 sufficiently protective of nearby surface water. If fluids are conveyed via pipeline, operator must implement best management practices to contain any unintentional release of fluids.	08/30/2010

OGLA	kubeczkod	Reserve pit must be lined. If the existing reserve/drilling or multi-well pit is not lined, then it must be lined in accordance with COGCC Rule 904 prior to being used.	08/30/2010
OGLA	kubeczkod	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.	08/30/2010
OGLA	kubeczkod	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.	08/30/2010
OGLA	kubeczkod	Location is in a sensitive area because of close proximity to surface water, therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations.	08/30/2010

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: _____

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: 411886 Type: WELL API Number: 103-11503 Status: PR Insp. Status: PR

Producing Well

Comment: Well producing, No sign of cellar/rathole present, Bradenhead, Surface and production casing monitored, No venting/leaks present at time of inspection.

Facility ID: 411887 Type: WELL API Number: 103-11504 Status: PR Insp. Status: PR

Producing Well

Comment: Well producing, No sign of cellar/rathole present, Bradenhead, Surface and production casing monitored, No venting/leaks present at time of inspection.

Facility ID: 411888 Type: WELL API Number: 103-11505 Status: PR Insp. Status: PR

Producing Well

Comment: Well producing, No sign of cellar/rathole present, Bradenhead, Surface and production casing monitored, No venting/leaks present at time of inspection.

Facility ID: 411889 Type: WELL API Number: 103-11506 Status: PR Insp. Status: PR

Producing Well

Comment: Well producing, No sign of cellar/rathole present, Bradenhead, Surface and production casing monitored, No venting/leaks present at time of inspection.

Facility ID: 419633 Type: WELL API Number: 103-11804 Status: PR Insp. Status: PR

Producing Well

Comment: Well producing, No sign of cellar/rathole present, Bradenhead, Surface and production casing monitored, No venting/leaks present at time of inspection.

Facility ID: 419634 Type: WELL API Number: 103-11805 Status: PR Insp. Status: PR

Producing Well

Comment: Well producing, No sign of cellar/rathole present, Bradenhead, Surface and production casing monitored, No venting/leaks present at time of inspection.

Facility ID: 419636 Type: WELL API Number: 103-11806 Status: PR Insp. Status: PR

Producing Well

Comment: Well producing, No sign of cellar/rathole present, Bradenhead, Surface and production casing monitored, No venting/leaks present at time of inspection.

Facility ID: 419637 Type: WELL API Number: 103-11807 Status: PR Insp. Status: PR

Producing Well

Comment: Well producing, No sign of cellar/rathole present, Bradenhead, Surface and production casing monitored, No venting/leaks present at time of inspection.

Facility ID: 419640 Type: WELL API Number: 103-11808 Status: PR Insp. Status: PR

Producing Well

Comment: Well producing, No sign of cellar/rathole present, Bradenhead, Surface and production casing monitored, No venting/leaks present at time of inspection.

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: 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? _____
 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 _____

Inspector Name: GRANAHAN, KYLE

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					
Compaction	Pass					
		Compaction	Pass			
		Gravel	Pass			
				MHSP	Pass	
Berms	Pass					

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: Snow cover present - no sediment flow evident.

CA: _____

Pits: NO SURFACE INDICATION OF PIT