

**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:

02/22/2016

Document Number:

666801943

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	280122	335065	Murray, Richard	<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
, Inspections		COGCCInspectionReports@wpxenergy.com	Field Inspections

Compliance Summary:QtrQtr: NESE Sec: 14 Twp: 6S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/18/2011	200311531	PR	PR	SATISFACTORY			No
01/20/2010	200234800	PR	PR	ACTION REQUIRED			Yes
09/04/2008	200194661	PR	PR	ACTION REQUIRED			Yes
03/06/2007	200107398	OI	ND	SATISFACTORY	I	Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
279770	WELL	PR	06/08/2006	GW	045-11083	CLOUGH RWF 434-14	PR	<input checked="" type="checkbox"/>
280113	WELL	PR	06/08/2006	GW	045-11197	CLOUGH RWF 444-14	PR	<input checked="" type="checkbox"/>
280114	WELL	PR	06/08/2006	GW	045-11198	CLOUGH RWF 433-14	PR	<input checked="" type="checkbox"/>
280115	WELL	PR	06/08/2006	GW	045-11199	CLOUGH RWF 344-14	PR	<input checked="" type="checkbox"/>
280116	WELL	PR	06/08/2006	GW	045-11200	CLOUGH RWF 544-14	PR	<input checked="" type="checkbox"/>
280117	WELL	PR	06/08/2006	GW	045-11201	CLOUGH RWF 44-14	PR	<input checked="" type="checkbox"/>
280118	WELL	PR	06/08/2006	GW	045-11202	CLOUGH RWF 333-14	PR	<input checked="" type="checkbox"/>
280119	WELL	PR	08/06/2006	GW	045-11203	CLOUGH RWF 43-14	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

280120	WELL	PR	06/08/2006	GW	045-11204	CLOUGH RWF 533-14	PR	<input checked="" type="checkbox"/>
280122	WELL	PR	06/08/2006	GW	045-11205	CLOUGH RWF 33-14	PR	<input checked="" type="checkbox"/>
280123	WELL	PR	06/08/2006	GW	045-11206	CLOUGH RWF 543-14	PR	<input checked="" type="checkbox"/>
280125	WELL	PR	06/08/2006	GW	045-11207	CLOUGH RWF 343-14	PR	<input checked="" type="checkbox"/>
280126	WELL	PR	06/08/2006	GW	045-11208	CLOUGH RWF 443-14	PR	<input checked="" type="checkbox"/>
280127	WELL	PR	06/08/2006	GW	045-11209	CLOUGH RWF 334-14	PR	<input checked="" type="checkbox"/>
280129	WELL	PR	06/08/2006	GW	045-11210	CLOUGH RWF 534-14	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
BATTERY	SATISFACTORY	AIRS ID 045-1914-001		

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

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

Equipment:			
Type: Vertical Separator	# 0	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Gas Meter Run	# 0	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Emission Control Device	# 0	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Plunger Lift	# 15	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Horizontal Heated Separator	# 16	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
PRODUCED WATER	1	200 BBLS	STEEL AST
S/AR	SATISFACTORY	Comment: Centralized battery	
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				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
PRODUCED WATER	1	<100 BBLS	STEEL AST
S/AR	SATISFACTORY	Comment: Centralized battery	
Corrective Action:		Corrective Date:	

Paint	
Condition	Adequate
Other (Content) _____	

Inspector Name: Murray, Richard

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Comment	
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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	39.521443,-107.851478

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

Yes/No	
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Comment	
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Flaring:

Type		Satisfactory/Action Required	
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Comment: _____

Corrective Action: _____

Correct Action
Date: _____

Predrill

Location ID: 280122

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: 279770 Type: WELL API Number: 045-11083 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 280113 Type: WELL API Number: 045-11197 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 280114 Type: WELL API Number: 045-11198 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Inspector Name: Murray, Richard

Facility ID:	280115	Type:	WELL	API Number:	045-11199	Status:	PR	Insp. Status:	PR
<div>Producing Well</div> <div>Comment: Plunger lift</div>									
Facility ID:	280116	Type:	WELL	API Number:	045-11200	Status:	PR	Insp. Status:	PR
<div>Producing Well</div> <div>Comment: Plunger lift</div>									
Facility ID:	280117	Type:	WELL	API Number:	045-11201	Status:	PR	Insp. Status:	PR
<div>Producing Well</div> <div>Comment: Plunger lift</div>									
Facility ID:	280118	Type:	WELL	API Number:	045-11202	Status:	PR	Insp. Status:	PR
<div>Producing Well</div> <div>Comment: Plunger lift</div>									
Facility ID:	280119	Type:	WELL	API Number:	045-11203	Status:	PR	Insp. Status:	PR
<div>Producing Well</div> <div>Comment: Plunger lift</div>									
Facility ID:	280120	Type:	WELL	API Number:	045-11204	Status:	PR	Insp. Status:	PR
<div>Producing Well</div> <div>Comment: Plunger lift</div>									
Facility ID:	280122	Type:	WELL	API Number:	045-11205	Status:	PR	Insp. Status:	PR
<div>Producing Well</div> <div>Comment: Plunger lift</div>									
Facility ID:	280123	Type:	WELL	API Number:	045-11206	Status:	PR	Insp. Status:	PR
<div>Producing Well</div> <div>Comment: Plunger lift</div>									
Facility ID:	280125	Type:	WELL	API Number:	045-11207	Status:	PR	Insp. Status:	PR
<div>Producing Well</div> <div>Comment: Plunger lift</div>									
Facility ID:	280126	Type:	WELL	API Number:	045-11208	Status:	PR	Insp. Status:	PR
<div>Producing Well</div> <div>Comment: Plunger lift</div>									
Facility ID:	280127	Type:	WELL	API Number:	045-11209	Status:	PR	Insp. Status:	PR
<div>Producing Well</div> <div>Comment: Plunger lift</div>									
Facility ID:	280129	Type:	WELL	API Number:	045-11210	Status:	PR	Insp. Status:	PR

Producing WellComment: **Plunger lift****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): N

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): YES**Reclamation - Storm Water - Pit****Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

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? _____

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: Murray, Richard

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
		Gravel	Pass			
Gravel	Pass					
		Culverts	Pass			
Ditches	Pass					
Seeding	Pass					
Check Dams	Pass					
		Ditches	Pass			

Inspector Name: Murray, Richard

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT