

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:
02/23/2016
Document Number:
666801947
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>280009</u>	<u>311629</u>	<u>Murray, Richard</u>	<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
, Inspections		COGCCInspectionReports@wpxenergy.com	Field Inspections

Compliance Summary:

QtrQtr: SWNE Sec: 16 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)
03/17/2010	200237503	PR	PR	SATISFACTORY			No
03/12/2008	200128195	PR	PR	SATISFACTORY			No
04/01/2006	200090981	DG	ND	SATISFACTORY		Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
279768	WELL	PR	09/06/2005	GW	045-11085	CLOUGH RWF 531-16	PR	<input checked="" type="checkbox"/>
280007	WELL	PR	09/13/2005	GW	045-11142	CLOUGH RWF 41-16	PR	<input checked="" type="checkbox"/>
280008	WELL	PR	09/13/2005	GW	045-11143	CLOUGH RWF 341-16	PR	<input checked="" type="checkbox"/>
280009	WELL	PR	06/08/2006	GW	045-11144	CLOUGH RWF 31-16	PR	<input checked="" type="checkbox"/>
280010	WELL	PR	09/13/2005	GW	045-11145	CLOUGH RWF 431-16	PR	<input checked="" type="checkbox"/>
280015	WELL	PR	06/08/2006	GW	045-11150	CLOUGH RWF 541-16	PR	<input checked="" type="checkbox"/>
280016	WELL	PR	10/12/2006	GW	045-11151	CLOUGH RWF 42-16	PR	<input checked="" type="checkbox"/>
280017	WELL	PR	09/13/2005	GW	045-11152	CLOUGH RWF 441-16	PR	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Inspector Name: Murray, Richard

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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY	AIRS ID 045-1385-001		

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

Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Equipment:

Type: Gas Meter Run	# 0	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date: _____
Type: Plunger Lift	# 13	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date: _____
Type: Horizontal Heated Separator	# 13	Satisfactory/Action Required:	SATISFACTORY
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: Centralized battery	
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

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

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLs	STEEL AST	,
S/AR	SATISFACTORY		Comment: Centralized battery	
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

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

Contents	#	Capacity	Type	SE GPS
METHANOL	1	OTHER	STEEL AST	,
S/AR	SATISFACTORY		Comment: At separators	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 500gal _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Inspector Name: Murray, Richard

Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Corrective Action					Corrective Date
Comment					

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	400 BBLS	STEEL AST	39.527684,-107.891221	
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
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate
Corrective Action				Corrective Date
Comment				

Venting:

Yes/No	YES
Comment	Bradenhead valves open

Flaring:

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

Predrill

Location ID: 280009

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: 279768 Type: WELL API Number: 045-11085 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 280007 Type: WELL API Number: 045-11142 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 280008 Type: WELL API Number: 045-11143 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 280009 Type: WELL API Number: 045-11144 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 280010 Type: WELL API Number: 045-11145 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 280015 Type: WELL API Number: 045-11150 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 280016 Type: WELL API Number: 045-11151 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 280017 Type: WELL API Number: 045-11152 Status: PR Insp. Status: PR

Producing Well

Comment: 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? _____

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
		Ditches	Pass			
		Sediment Traps	Pass			
		Culverts	Pass			
Sediment Traps	Pass					
Slope Roughening	Pass					
Ditches	Pass					

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT