

**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:

674702417

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	428684	428684	LONGWORTH, MIKE	<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
Inspection, WPX	970-263-2716	COGCCInspectionReports@wpxenergy.com	WPX Inspection Mail Box

Compliance Summary:QtrQtr: NESE Sec: 34 Twp: 6S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/11/2015	674701524			SATISFACTORY			No
04/16/2015	674701281			SATISFACTORY			No
12/05/2014	674700706			SATISFACTORY			No
08/22/2014	674700248			SATISFACTORY			No

Inspector Comment:Location is in 317B External Buffer Zone**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
263532	WELL	PR	10/21/2002	GW	045-08135	PUCKET PA 333-34	PR	<input checked="" type="checkbox"/>
263533	WELL	PR	10/21/2002	GW	045-08136	PUCKETT PA 43-34	PR	<input checked="" type="checkbox"/>
280291	WELL	PR	04/12/2006	GW	045-11233	PUCKETT/TOSCO PA 543-34	PR	<input checked="" type="checkbox"/>
280292	WELL	PR	04/09/2006	GW	045-11234	PUCKETT/TOSCO PA 643-34	PR	<input checked="" type="checkbox"/>
280294	WELL	PR	03/29/2006	GW	045-11235	PUCKETT/TOSCO PA 443-34	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: LONGWORTH, MIKE

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
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	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
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☐ Multiple Spills and Releases?

Fencing/:

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

Equipment:

Type: Bird Protectors	# 6	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date: _____
Type: Horizontal Heated Separator	# 6	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date: _____

Inspector Name: LONGWORTH, MIKE

Type: Plunger Lift	# 5	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	200 BBLS	STEEL AST	,

S/AR	SATISFACTORY	Comment:	Air id 045-0722-001
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	1	<100 BBLS	STEEL AST	,

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

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 80 bbl

Other (Type) _____

Berms

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

Corrective Action		Corrective Date	
Comment			

Venting:

Yes/No	YES
Comment	Bradens are open to vent

Flaring:

Type		Satisfactory/Action Required	
Comment:			

Corrective Action:

Correct Action
Date:**Predrill**

Location ID: 428684

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: 263532 Type: WELL API Number: 045-08135 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 263533 Type: WELL API Number: 045-08136 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 280291 Type: WELL API Number: 045-11233 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 280292 Type: WELL API Number: 045-11234 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 280294 Type: WELL API Number: 045-11235 Status: PR Insp. Status: PR

Producing WellComment: **Producing well****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:

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?

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 REVEGETATIONCropland

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
Check Dams	Pass					
Compaction	Pass					
Berms	Pass					

Inspector Name: LONGWORTH, MIKE

Gravel	Pass					
Seeding	Pass					
Ditches	Pass					
		Compaction	Pass			
		Ditches	Pass			

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

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Location is in 317B External Buffer Zone	longworm	02/23/2016