

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:
02/25/2016
Document Number:
666801959
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>280090</u>	<u>335064</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:	<u>SWSE</u>	Sec:	<u>15</u>	Twp:	<u>6S</u>	Range:	<u>94W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/12/2008	200128176	PR	PR	SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
279727	WELL	PR	06/08/2006	GW	045-11080	CLOUGH RWF 33-15	PR	<input checked="" type="checkbox"/>
280089	WELL	AL	09/23/2008	LO	045-11176	CLOUGH RWF 534-15	AL	<input type="checkbox"/>
280090	WELL	PR	04/24/2007	GW	045-11177	CLOUGH RMV 140-15	PR	<input checked="" type="checkbox"/>
280091	WELL	PR	06/08/2006	GW	045-11178	CLOUGH RWF 343-15	PR	<input checked="" type="checkbox"/>
280093	WELL	PR	06/08/2006	GW	045-11179	CLOUGH RWF 443-15	PR	<input checked="" type="checkbox"/>
280094	WELL	PR	06/08/2006	GW	045-11180	CLOUGH RWF 43-15	PR	<input checked="" type="checkbox"/>
280095	WELL	AL	04/24/2007	LO	045-11181	CLOUGH RWF 544-15	AL	<input type="checkbox"/>
280097	WELL	AL	04/24/2007	LO	045-11182	CLOUGH RWV 156-15	AL	<input type="checkbox"/>
280098	WELL	PR	06/08/2006	GW	045-11183	CLOUGH RWF 444-15	PR	<input checked="" type="checkbox"/>
280099	WELL	PR	06/08/2006	GW	045-11184	CLOUGH RFW 344-15	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

280100	WELL	PR	08/31/2007	GW	045-11185	CLOUGH RWF 543-15	PR	<input checked="" type="checkbox"/>
280101	WELL	PR	06/08/2006	GW	045-11186	CLOUGH RWF 434-15	PR	<input checked="" type="checkbox"/>
280102	WELL	PR	09/09/2007	GW	045-11187	CLOUGH RWF 334-15	PR	<input checked="" type="checkbox"/>
280103	WELL	PR	06/08/2006	GW	045-11188	CLOUGH RWF 333-15	PR	<input checked="" type="checkbox"/>
280104	WELL	PR	06/08/2006	GW	045-11189	CLOUGH RWF 433-15	PR	<input checked="" type="checkbox"/>
280106	WELL	PR	06/08/2006	GW	045-11190	CLOUGH RWF 533-15	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 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	AIRS ID 045-1539-001		

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: Horizontal Heated Separator	# 14	Satisfactory/Action Required:	SATISFACTORY		
Comment					
Corrective Action				Date:	
Type: Plunger Lift	# 13	Satisfactory/Action Required:	SATISFACTORY		
Comment					
Corrective Action				Date:	

Facilities:					
<input type="checkbox"/> New Tank	Tank ID: _____				
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	2	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	SE GPS	
CONDENSATE	2	300 BBLS	STEEL AST	39.520542,-107.870466	
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 Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	

Comment	
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Venting:

Yes/No	YES
Comment	Bradenhead valves open

Flaring:

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

Predrill

Location ID: 280090

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:	<u>279727</u>	Type:	<u>WELL</u>	API Number:	<u>045-11080</u>	Status:	<u>PR</u>	Insp. Status:	<u>PR</u>
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Producing Well									
Comment: Plunger lift									
Facility ID:	280090	Type:	WELL	API Number:	045-11177	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Plunger lift									
Facility ID:	280091	Type:	WELL	API Number:	045-11178	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Plunger lift									
Facility ID:	280093	Type:	WELL	API Number:	045-11179	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Plunger lift									
Facility ID:	280094	Type:	WELL	API Number:	045-11180	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Plunger lift									
Facility ID:	280098	Type:	WELL	API Number:	045-11183	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Plunger lift									
Facility ID:	280099	Type:	WELL	API Number:	045-11184	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Plunger lift									
Facility ID:	280100	Type:	WELL	API Number:	045-11185	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Plunger lift									
Facility ID:	280101	Type:	WELL	API Number:	045-11186	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Plunger lift									
Facility ID:	280102	Type:	WELL	API Number:	045-11187	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Plunger lift									
Facility ID:	280103	Type:	WELL	API Number:	045-11188	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Plunger lift									
Facility ID:	280104	Type:	WELL	API Number:	045-11189	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Plunger lift									

Facility ID: 280106 Type: WELL API Number: 045-11190 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			
Ditches	Pass					
		Gravel	Pass			
Seeding	Pass					
		Culverts	Pass			

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT