

**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:  
666801961  
Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                        |                          |             |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:        | On-Site Inspection       | 2A Doc Num: |
|                     | <u>288870</u> | <u>335159</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: SWSW 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 12/09/2014 | 666800392 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 02/03/2012 | 663800122 | PR         | PR          | <b>ACTION REQUIRED</b>        |          |                | No              |
| 04/11/2008 | 200128051 | PR         | PR          | SATISFACTORY                  |          |                | No              |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name     | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|-------------------------------------|
| 288866      | WELL | PR     | 07/17/2007  | GW         | 045-13602 | CLOUGH RWF 324-14 | PR          | <input checked="" type="checkbox"/> |
| 288867      | WELL | PR     | 01/10/2007  | GW         | 045-13601 | CLOUGH RWF 24-14  | PR          | <input checked="" type="checkbox"/> |
| 288868      | WELL | PR     | 01/10/2007  | GW         | 045-13600 | CLOUGH RWF 14-14  | PR          | <input checked="" type="checkbox"/> |
| 288869      | WELL | PR     | 01/10/2007  | GW         | 045-13599 | CLOUGH RWF 314-14 | PR          | <input checked="" type="checkbox"/> |
| 288870      | WELL | PR     | 01/10/2007  | GW         | 045-13598 | CLOUGH RWF 414-14 | 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 045-1919-001 |                   |         |

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: Plunger Lift                | # 5 | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           |     |                               |              |
| Corrective Action                 |     |                               | Date: _____  |
| Type: Gas Meter Run               | # 0 | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           |     |                               |              |
| Corrective Action                 |     |                               | Date: _____  |
| Type: Horizontal Heated Separator | # 5 | Satisfactory/Action Required: | SATISFACTORY |
| Comment                           |     |                               |              |
| Corrective Action                 |     |                               | Date: _____  |

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

Inspector Name: Murray, Richard

|                    |              |          |                                     |                  |
|--------------------|--------------|----------|-------------------------------------|------------------|
| Contents           | #            | Capacity | Type                                | SE GPS           |
| PRODUCED WATER     | 1            | 200 BBLS | STEEL AST                           |                  |
| S/AR               | SATISFACTORY |          | Comment: <b>Centralized battery</b> |                  |
| 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:**  New Tank Tank ID: \_\_\_\_\_

|                    |              |          |           |                       |
|--------------------|--------------|----------|-----------|-----------------------|
| Contents           | #            | Capacity | Type      | SE GPS                |
| CONDENSATE         | 1            | 300 BBLS | STEEL AST | 39.520917,-107.865302 |
| 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     |
| Metal             | Adequate | Walls Sufficient    | Base Sufficient     | Adequate        |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           |          |                     |                     |                 |

**Venting:**

|         |                               |
|---------|-------------------------------|
| Yes/No  | YES                           |
| Comment | <b>Bradenhead valves open</b> |

**Flaring:**

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

**Predrill**

Location ID: 288870

**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: 288866 Type: WELL API Number: 045-13602 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 288867 Type: WELL API Number: 045-13601 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 288868 Type: WELL API Number: 045-13600 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 288869 Type: WELL API Number: 045-13599 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Plunger lift**

Facility ID: 288870 Type: WELL API Number: 045-13598 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 | Culverts                | Pass                  |               |                          |         |
| Retention Ponds  | Pass            |                         |                       |               |                          |         |
|                  |                 | Ditches                 | Pass                  |               |                          |         |
| Rip Rap          | Pass            |                         |                       |               |                          |         |
|                  |                 | Gravel                  | Pass                  |               |                          |         |
| Ditches          | Pass            |                         |                       |               |                          |         |

Inspector Name: Murray, Richard

S/A/V: SATISFACTOR  
Y

Corrective Date: \_\_\_\_\_

Comment:

CA:

**Pits:**  NO SURFACE INDICATION OF PIT