

**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:

02/26/2016

Document Number:

666801971

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	262536	335174	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: SENE Sec: 21 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)
10/06/2014	666800145	PR	PR	SATISFACTORY			No
03/17/2010	200239198	PR	WO	SATISFACTORY			No
01/16/2008	200124859	PR	PR	SATISFACTORY	I		No
09/25/2007	200123726	PR	PR	SATISFACTORY	I		No
03/05/2007	200106188	PR	PR	SATISFACTORY	I	Pass	No

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
262536	WELL	PR	09/27/2002	GW	045-08035	CLOUGH RMV 139-21	PR	<input checked="" type="checkbox"/>
280515	WELL	PR	07/20/2006	GW	045-11268	CLOUGH RWF 342-21	PR	<input checked="" type="checkbox"/>
280516	WELL	PR	07/20/2006	GW	045-11269	CLOUGH RWF 442-21	PR	<input checked="" type="checkbox"/>
280517	WELL	PR	07/20/2006	GW	045-11270	CLOUGH RWF 341-21	PR	<input checked="" type="checkbox"/>
280518	WELL	PR	07/20/2006	GW	045-11271	CLOUGH RWF 441-21	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			

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

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

Contents	#	Capacity	Type	SE GPS
METHANOL	1	OTHER	STEEL AST	,
S/AR	SATISFACTORY		Comment: At separator	
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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

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

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	200 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
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Inspector Name: Murray, Richard

Corrective Action		Corrective Date		
Comment				
<b>Facilities:</b> <input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	<100 BBLs	STEEL AST	39.514043,-107.887378
S/AR	SATISFACTORY		Comment:	
Corrective Action:		Corrective Date:		
<b>Paint</b>				
Condition	Adequate			
Other (Content) _____				
Other (Capacity) _____				
Other (Type) _____				
<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action		Corrective Date		
Comment				
<b>Venting:</b>				
Yes/No	YES			
Comment	Bradenhead valves open			
<b>Flaring:</b>				
Type	Satisfactory/Action Required			
Comment:				
Corrective Action:		Correct Action Date:		

**Predrill**

Location ID: 262536

**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: 262536 Type: WELL API Number: 045-08035 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 280515 Type: WELL API Number: 045-11268 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 280516 Type: WELL API Number: 045-11269 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Inspector Name: Murray, Richard

Facility ID: 280517 Type: WELL API Number: 045-11270 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 280518 Type: WELL API Number: 045-11271 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 Date

Unused or unneeded equipment onsite? Pass

CM CA Date

Pit, cellars, rat holes and other bores closed? Pass

CM 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					
		Ditches	Pass			
Sediment Traps	Pass					
		Gravel	Pass			
Slope Roughening	Pass					
Ditches	Pass					

Inspector Name: Murray, Richard

Waddles	Pass				
		Culverts	Pass		

S/A/V: SATISFACTOR  
Y  
Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

Pits: ☒ NO SURFACE INDICATION OF PIT