

**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:

674702431

Overall Inspection:

SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334826	334826	LONGWORTH, MIKE	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	96850
Name of Operator:	WPX ENERGY ROCKY MOUNTAIN LLC
Address:	PO BOX 370
City:	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:	SESW	Sec:	31	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)
11/26/2014	674700644			SATISFACTORY			No
06/27/2014	675100137			SATISFACTORY			No
10/04/2013	663902263			SATISFACTORY	F		No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
211075	WELL	PR	09/07/2001	GW	045-06833	DOE 1-M-31	PR	<input checked="" type="checkbox"/>
260367	WELL	PR	05/07/2002	GW	045-07849	FEDERAL PA 23-31	PR	<input checked="" type="checkbox"/>
260368	WELL	PA	12/02/2014	GW	045-07850	FEDERAL PA 13-31	PA	<input type="checkbox"/>
292999	WELL	PR	10/31/2008	GW	045-14832	FEDERAL PA 524-31	PR	<input checked="" type="checkbox"/>
293000	WELL	PA	12/04/2014	GW	045-14833	FEDERAL PA 24-31	PA	<input type="checkbox"/>
293002	WELL	PR	10/30/2008	GW	045-14834	FEDERAL PA 423-31	PR	<input checked="" type="checkbox"/>
293019	WELL	PR	10/31/2008	GW	045-14835	FEDERAL PA 314-31	PR	<input checked="" type="checkbox"/>
293020	WELL	PR	10/31/2008	GW	045-14836	FEDERAL PA 413-31	PR	<input checked="" type="checkbox"/>
293021	WELL	PR	10/31/2008	GW	045-14837	FEDERAL PA 313-31	PR	<input checked="" type="checkbox"/>

293022	WELL	PR	10/31/2008	GW	045-14838	FEDERAL PA 534-31	PR	<input checked="" type="checkbox"/>
293030	WELL	PR	10/27/2008	GW	045-14839	FEDERAL PA 522-31	PR	<input checked="" type="checkbox"/>
293032	WELL	PR	10/31/2008	GW	045-14831	FEDERAL PA 434-31	PR	<input checked="" type="checkbox"/>
293037	WELL	PR	10/31/2008	GW	045-14830	FEDERAL PA 414-31	PR	<input checked="" type="checkbox"/>
293110	WELL	PR	10/27/2008	GW	045-14891	FEDERAL PA 323-31	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			

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
TANK BATTERY	SATISFACTORY			
SEPARATOR	SATISFACTORY			

WELLHEAD	SATISFACTORY			
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Equipment:

Type: Bird Protectors	# 8	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Plunger Lift	# 12	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Horizontal Heated Separator	# 14	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment: Air id 045-1190-002	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal				
Corrective Action				Corrective Date
Comment				

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment: Air id 045-1190-001	
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	
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Venting:

Yes/No	YES
Comment	Bradens are open to vent.

Flaring:

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

Predrill

Location ID: 334826

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>211075</u>	Type:	<u>WELL</u>	API Number:	<u>045-06833</u>	Status:	<u>PR</u>	Insp. Status:	<u>PR</u>
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Producing Well				
Comment: Producing well				
Facility ID:	260367	Type:	WELL	API Number: 045-07849
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	292999	Type:	WELL	API Number: 045-14832
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	293002	Type:	WELL	API Number: 045-14834
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	293019	Type:	WELL	API Number: 045-14835
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	293020	Type:	WELL	API Number: 045-14836
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	293021	Type:	WELL	API Number: 045-14837
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	293022	Type:	WELL	API Number: 045-14838
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	293030	Type:	WELL	API Number: 045-14839
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	293032	Type:	WELL	API Number: 045-14831
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	293037	Type:	WELL	API Number: 045-14830
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	293110	Type:	WELL	API Number: 045-14891
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: 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 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			
Compaction	Pass						
Berms	Pass						
			Culverts	Pass			
			Gravel	Pass			
Seeding	Pass						
Gravel	Pass						

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT