

**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:

02/29/2016

Document Number:

680400366

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	210830	335255	BROWNING, CHUCK	<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
		COGCCInspectionReports@wpxenergy.com	All Inspections
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Compliance Summary:QtrQtr: SENE Sec: 29 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)
05/28/2015	668402972	SI	AC	SATISFACTORY			No
07/15/2014	668402432	IJ	AC	SATISFACTORY	I		No
07/27/2011	200321595	PR	PR	SATISFACTORY			No
09/08/2008	200198488	PR	PR	SATISFACTORY			No

Inspector Comment:Routine UIC inspection.**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159418	UIC DISPOSAL	AC	05/28/2013		-	DOE 2-W-29	AC	<input checked="" type="checkbox"/>
210830	WELL	IJ	01/02/2015	DSPW	045-06588	DOE 2-W-29	AC	<input checked="" type="checkbox"/>
271714	WELL	PR	09/20/2004	GW	045-09938	FEDERAL PA 332-29	PR	<input checked="" type="checkbox"/>
271715	WELL	PR	10/04/2004	GW	045-09937	FEDERAL PA 32-29	PR	<input checked="" type="checkbox"/>
271716	WELL	PR	09/20/2004	GW	045-09936	FEDERAL PA 31-29	PR	<input checked="" type="checkbox"/>
271765	WELL	PR	09/20/2004	GW	045-09949	FEDERAL PA 331-29	PR	<input checked="" type="checkbox"/>
416914	WELL	PR	12/08/2011	GW	045-19394	Federal PA 422-29	PR	<input checked="" type="checkbox"/>

Inspector Name: BROWNING, CHUCK

416915	WELL	PR	12/08/2011	GW	045-19395	Federal PA 522-29	PR	X
416917	WELL	PR	12/08/2011	GW	045-19396	Federal PA 322-29	PR	X
416918	WELL	PR	12/08/2011	GW	045-19397	Federal PA 22-29	PR	X
416925	WELL	PR	09/03/2011	GW	045-19398	Federal PA 21-29	PR	X
416927	WELL	PR	12/08/2011	GW	045-19399	Federal PA 321-29	PR	X

Equipment:

Location Inventory

Special Purpose Pits:	<u>1</u>	Drilling Pits:	<u> </u>	Wells:	<u>11</u>	Production Pits:	<u> </u>
Condensate Tanks:	<u>2</u>	Water Tanks:	<u>2</u>	Separators:	<u>11</u>	Electric Motors:	<u> </u>
Gas or Diesel Mortors:	<u> </u>	Cavity Pumps:	<u> </u>	LACT Unit:	<u> </u>	Pump Jacks:	<u> </u>
Electric Generators:	<u> </u>	Gas Pipeline:	<u> </u>	Oil Pipeline:	<u> </u>	Water Pipeline:	<u>1</u>
Gas Compressors:	<u> </u>	VOC Combustor:	<u> </u>	Oil Tanks:	<u> </u>	Dehydrator Units:	<u> </u>
Multi-Well Pits:	<u> </u>	Pigging Station:	<u> </u>	Flare:	<u> </u>	Fuel Tanks:	<u> </u>

Location

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			
Main	SATISFACTORY			

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:	
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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			

Inspector Name: BROWNING, CHUCK

TANK BATTERY	SATISFACTORY			
SEPARATOR	SATISFACTORY			

Equipment:

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

Facilities:

☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	3	200 BBLS	STEEL AST	39.497933,-108.015507

S/AR	SATISFACTORY	Comment:		
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				

Venting:

Yes/No	NO
Comment	

Flaring:

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

Predrill

Location ID: 210830

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Agency	garrisop	Operator must implement best management practices to contain any unintentional release of fluids.	04/23/2010
Agency	garrisop	Location is in a sensitive area because of proximity to surface water; therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations.	04/23/2010

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: 159418 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: 576

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) _____ Inj Zone: _____

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 210830 Type: WELL API Number: 045-06588 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 1 _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) _____ Inj Zone: WSTC

TC: Pressure or inches of Hg 10 _____ Previous Test Pressure _____ Last MIT: 05/17/2013

Brhd: Pressure or inches of Hg 12 _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: No active injection at time of inspection

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 271714 Type: WELL API Number: 045-09938 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 271715 Type: WELL API Number: 045-09937 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 271716 Type: WELL API Number: 045-09936 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 271765 Type: WELL API Number: 045-09949 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 416914 Type: WELL API Number: 045-19394 Status: PR Insp. Status: PR

Inspector Name: BROWNING, CHUCK

Producing Well

Comment: **Plunger lift**

Facility ID: 416915 Type: WELL API Number: 045-19395 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 416917 Type: WELL API Number: 045-19396 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 416918 Type: WELL API Number: 045-19397 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 416925 Type: WELL API Number: 045-19398 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 416927 Type: WELL API Number: 045-19399 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): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Inspector Name: BROWNING, CHUCK

Land Use: OTHER, RANGELAND

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? Pass

CM

CA

CA Date

1003b. Area no longer in use?

Production areas stabilized ? Pass

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? Pass

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? P

Comment:

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started:

Date Final Reclamation Completed:

Final Land Use: RANGELAND

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

Inspector Name: BROWNING, CHUCK

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
Berms	Pass	Gravel	Pass	MHSP	Pass	

S/A/V: SATISFACTOR _____
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT