

**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:

03/23/2016

Document Number:

674702533

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334868	334868	LONGWORTH, MIKE	<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
Inspection, WPX	970-263-2716	COGCCInspectionReports@wpxenergy.com	WPX Inspection Mail Box

Compliance Summary:QtrQtr: SWSE Sec: 33 Twp: 6S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/03/2015	674701683			SATISFACTORY			No
01/27/2014	663902708			SATISFACTORY	I		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
211286	WELL	PR	06/06/1996	GW	045-07045	UNION ENERGY MINING DIV. GM 34-33	PR	<input checked="" type="checkbox"/>
260691	WELL	PR	04/24/2002	GW	045-07902	UNOCAL GM 534-33	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 Motors: _____	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
Access	SATISFACTORY	Road maintenance needed soon.		

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: 970-285-9377

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
SEPARATOR	SATISFACTORY			
TANK BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Equipment:				
Type: Bird Protectors	# 3	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Dehydrator	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Plunger Lift	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Horizontal Heated Separator	# 2	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:

Facilities: ☐ New Tank Tank ID: _____

Inspector Name: LONGWORTH, MIKE

Contents		#	Capacity	Type	SE GPS		
PRODUCED WATER		1	<100 BBLS	STEEL AST	,		
S/AR	SATISFACTORY		Comment:				
Corrective Action:						Corrective Date:	
Paint							
Condition		Adequate					
Other (Content) _____							
Other (Capacity) 80 bbl _____							
Other (Type) _____							
Berms							
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate			
Corrective Action						Corrective Date	
Comment							
Venting:							
Yes/No	YES						
Comment	Bradens are open to vent.						
Flaring:							
Type		Satisfactory/Action Required					
Comment:							
Corrective Action:						Correct Action Date:	

Predrill

Location ID: 334868

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: 211286 Type: WELL API Number: 045-07045 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 260691 Type: WELL API Number: 045-07902 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: LONGWORTH, MIKE

Comment: <input style="width: 700px;" type="text"/>			
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:			
<input style="width: 300px;" type="text"/>			
Sample Location: <input style="width: 400px;" type="text"/>			
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: <input style="width: 750px;" type="text"/>	
1003a. Waste and Debris removed? <u>Pass</u>	
CM _____	
CA _____	CA Date _____
Unused or unneeded equipment onsite? <u>Pass</u>	
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	
<u>Cropland</u>	
Top soil replaced _____	Recontoured _____ Perennial forage re-established _____

Inspector Name: LONGWORTH, MIKE

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
Gravel	Pass					
		Culverts	Pass			
		Gravel	Pass			
Seeding	Pass					
		Ditches	Fail			Ditch on hill upto location needs maintenance
Compaction	Pass					

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Previous corrective action was to replace container label. Container has been removed.	longworm	03/23/2016