

**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:  
04/04/2016  
Document Number:  
674702580  
Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                        |                          |             |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:        | On-Site Inspection       | 2A Doc Num: |
|                     | <u>323782</u> | <u>323782</u> | <u>LONGWORTH, MIKE</u> | <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: NESW Sec: 28 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 08/27/2014 | 674700280 |            |             | SATISFACTORY                  |          |                | No              |
| 02/07/2014 | 663902772 |            |             | SATISFACTORY                  | I        |                | No              |
| 09/09/2013 | 663902168 |            |             | <b>ACTION REQUIRED</b>        | F        |                | No              |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status                            |
|-------------|------|--------|-------------|------------|-----------|---------------|--|
| 210795      | WELL | PR     | 08/02/2001  | GW         | 045-06553 | ARCO MV-31-28 | 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**

| <b>Lease Road:</b> |                              |         |                   |      |
|--------------------|------------------------------|---------|-------------------|------|
| Type               | Satisfactory/Action Required | comment | Corrective Action | Date |
|                    |                              |         |                   |      |

| <b>Signs/Marker:</b> |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |
| TANK LABELS/PLACARDS | SATISFACTORY                 |         |                   |         |
| BATTERY              | SATISFACTORY                 |         |                   |         |

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

Comment: 970-285-9377

Corrective Action: \_\_\_\_\_

| <b>Good Housekeeping:</b> |                              |         |                   |         |
|---------------------------|------------------------------|---------|-------------------|---------|
| Type                      | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                           |                              |         |                   |         |

| <b>Spills:</b>   |      |        |                   |         |
|--|------|--------|-------------------|---------|
| Type   | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? |      |        |                   |         |

| <b>Fencing/:</b> |                              |         |                   |         |
|------------------|------------------------------|---------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| SEPARATOR        | SATISFACTORY                 |         |                   |         |
| TANK BATTERY     | SATISFACTORY                 |         |                   |         |
| WELLHEAD         | SATISFACTORY                 |         |                   |         |

| <b>Equipment:</b>                 |     |  |  |       |
|-----------------------------------|-----|--|--|-------|
| Type: Plunger Lift                | # 1 | Satisfactory/Action Required: SATISFACTORY |  |       |
| Comment                           |     |  |  |       |
| Corrective Action                 |     |  |  | Date: |
| Type: Horizontal Heated Separator | # 1 | Satisfactory/Action Required: SATISFACTORY |  |       |
| Comment                           |     |  |  |       |
| Corrective Action                 |     |  |  | Date: |
| Type: Bird Protectors             | # 1 | Satisfactory/Action Required: SATISFACTORY |  |       |
| Comment                           |     |  |  |       |
| Corrective Action                 |     |  |  | Date: |

| <b>Facilities:</b>                |              |                |           |        |
|-----------------------------------|--------------|----------------|-----------|--------|
| <input type="checkbox"/> New Tank |              | Tank ID: _____ |           |        |
| Contents                          | #            | Capacity       | Type      | SE GPS |
| PRODUCED WATER                    | 1            | <100 BBLS      | STEEL AST | ,      |
| S/AR                              | SATISFACTORY | Comment: _____ |           |        |

|                    |          |                     |                     |             |                  |  |
|--------------------|----------|---------------------|---------------------|-------------|------------------|--|
| Corrective Action: |          |                     |                     |             | Corrective Date: |  |
| <b>Paint</b>       |          |                     |                     |             |                  |  |
| Condition          | Adequate |                     |                     |             |                  |  |
| Other (Content)    | _____    |                     |                     |             |                  |  |
| Other (Capacity)   | 80 bbl   |                     |                     |             |                  |  |
| Other (Type)       | _____    |                     |                     |             |                  |  |
| <b>Berms</b>       |          |                     |                     |             |                  |  |
| Type               | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |                  |  |
| Metal              | Adequate | Walls Sufficient    | Base Sufficient     | Adequate    |                  |  |
| Corrective Action  |          |                     |                     |             | Corrective Date  |  |
| Comment            |          |                     |                     |             |                  |  |

|                 |                         |
|-----------------|-------------------------|
| <b>Venting:</b> |                         |
| Yes/No          | YES                     |
| Comment         | Braden is open to vent. |

|                    |  |                              |  |
|--------------------|--|------------------------------|--|
| <b>Flaring:</b>    |  |                              |  |
| Type               |  | Satisfactory/Action Required |  |
| Comment:           |  |                              |  |
| Corrective Action: |  | Correct Action Date:         |  |

**Predrill**

Location ID: 323782

**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: 210795 Type: WELL API Number: 045-06553 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 | Culverts                | Pass                  |               |                          |         |
|                  |                 | Ditches                 | Pass                  |               |                          |         |
|                  |                 | Seeding                 | Pass                  |               |                          |         |
|                  |                 | Compaction              | Pass                  |               |                          |         |
| Gravel           | Pass            |                         |                       |               |                          |         |
| Compaction       | Pass            |                         |                       |               |                          |         |
| Seeding          | Pass            |                         |                       |               |                          |         |

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

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

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

**Pits:**  NO SURFACE INDICATION OF PIT