

**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:

04/28/2016

Document Number:

674702651

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335060	335060	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: SENE Sec: 34 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)
08/24/2015	674701757			SATISFACTORY			No
04/16/2015	674701279			SATISFACTORY			No
08/22/2014	674700246			SATISFACTORY			No
12/17/2013	663902520			SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
210757	WELL	PA	08/02/2001	DA	045-06515	ARCO-TOSCO W-21-34	PA	<input type="checkbox"/>
279996	WELL	PR	09/13/2005	GW	045-11159	PUCKETT/TOSCO PA 542-34	PR	<input checked="" type="checkbox"/>
279997	WELL	PR	11/14/2006	GW	045-11158	PUCKETT/TOSCO PA 412-35	PR	<input checked="" type="checkbox"/>
279999	WELL	PR	09/13/2005	GW	045-11157	PUCKETT/TOSCO PA 432-34	PR	<input checked="" type="checkbox"/>
280001	WELL	PR	09/13/2005	GW	045-11156	PUCKETT/TOSCO PA 532-34	PR	<input checked="" type="checkbox"/>
280003	WELL	PR	09/13/2005	GW	045-11155	PUCKETT/TOSCO PA 12-35	PR	<input checked="" type="checkbox"/>
280108	WELL	PR	09/19/2005	GW	045-11192	PUCKETT/TOSCO PA 312-35	PR	<input checked="" type="checkbox"/>
280109	WELL	PR	07/20/2006	GW	045-11193	PUCKETT/TOSCO PA 442-34	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

280110	WELL	PR	09/19/2005	GW	045-11194	PUCKETT/TOSCO PA 332-34	PR	<input checked="" type="checkbox"/>
280111	WELL	PR	09/19/2005	GW	045-11195	PUCKETT/TOSCO PA 342-34	PR	<input checked="" type="checkbox"/>
280112	WELL	PR	09/19/2005	GW	045-11196	PUCKETT/TOSCO PA 42-34	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
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	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
TRASH	SATISFACTORY			
WEEDS	SATISFACTORY			

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
SEPARATOR	SATISFACTORY			
TANK BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Equipment:			
Type: Plunger Lift	# 10	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Horizontal Heated Separator	# 10	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Bird Protectors	# 6	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
CONDENSATE	1	300 BBLS	STEEL AST
S/AR	SATISFACTORY	Comment: Air id 045-1395-001	
Corrective Action:		Corrective Date:	

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

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
PRODUCED WATER	1	200 BBLS	STEEL AST
S/AR	SATISFACTORY	Comment:	
Corrective Action:		Corrective Date:	

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

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	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: 335060

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: 279996 Type: WELL API Number: 045-11159 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 279997	Type: WELL	API Number: 045-11158	Status: PR	Insp. Status: PR
<u>Producing Well</u>				
Comment: Producing well				

Facility ID: 279999	Type: WELL	API Number: 045-11157	Status: PR	Insp. Status: PR
<u>Producing Well</u>				
Comment: Producing well				

Facility ID: 280001	Type: WELL	API Number: 045-11156	Status: PR	Insp. Status: PR
<u>Producing Well</u>				
Comment: Producing well				

Facility ID: 280003	Type: WELL	API Number: 045-11155	Status: PR	Insp. Status: PR
<u>Producing Well</u>				
Comment: Producing well				

Facility ID: 280108	Type: WELL	API Number: 045-11192	Status: PR	Insp. Status: PR
<u>Producing Well</u>				
Comment: Producing well				

Facility ID: 280109	Type: WELL	API Number: 045-11193	Status: PR	Insp. Status: PR
<u>Producing Well</u>				
Comment: Producing well				

Facility ID: 280110	Type: WELL	API Number: 045-11194	Status: PR	Insp. Status: PR
<u>Producing Well</u>				
Comment: Producing well				

Facility ID: 280111	Type: WELL	API Number: 045-11195	Status: PR	Insp. Status: PR
<u>Producing Well</u>				
Comment: Producing well				

Facility ID: 280112	Type: WELL	API Number: 045-11196	Status: PR	Insp. Status: PR
<u>Producing Well</u>				
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 _____

Inspector Name: LONGWORTH, MIKE

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? Pass

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
		Compaction	Pass			
Gravel	Pass					
		Culverts	Pass			
Seeding	Pass					
Compaction	Pass					
		Gravel	Pass			
		Ditches	Pass			
Ditches	Pass					

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT