

**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:

04/29/2016

Document Number:

674702657

Overall Inspection:

SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	335411	335411	LONGWORTH, MIKE	2A Doc Num:	

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: SENE Sec: 33 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)
10/21/2015	674701958			SATISFACTORY			No
12/24/2014	674700781			SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
211415	WELL	PR	01/01/2011	GW	045-07175	PA 42-33	PR	<input checked="" type="checkbox"/>
274731	WELL	PR	03/02/2005	GW	045-13381	PA 342-33	PR	<input checked="" type="checkbox"/>
274811	WELL	PR	03/02/2005	GW	045-13395	PA 442-33	PR	<input checked="" type="checkbox"/>
274812	WELL	PR	03/04/2005	GW	045-13394	PA 443-33	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 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
Access	SATISFACTORY			

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
CONTAINERS	SATISFACTORY			
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
WEEDS	SATISFACTORY			
TRASH	SATISFACTORY			

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> 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	# 4	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:
Type: Ancillary equipment	# 2	Satisfactory/Action Required: SATISFACTORY		
Comment	Chemical containers at wells			
Corrective Action				Date:
Type: Horizontal Heated Separator	# 4	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:
Type: Bird Protectors	# 4	Satisfactory/Action Required: SATISFACTORY		
Comment				

Corrective Action	Date:
-------------------	-------

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	300 BBLS	STEEL AST	,

S/AR	SATISFACTORY	Comment:	Air id 045-1181-001
------	--------------	----------	---------------------

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: New Tank Tank ID: _____

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 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: 335411

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:

BMP Type	Comment
Material Handling and Spill Prevention	Spill prevention measures for this pad include an earthen berm secondary containment around the 2 surge tanks. The containment will be sized to hold the capacity of one tank (500 bbls) plus precipitation (2.1 inches)

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: 211415 Type: WELL API Number: 045-07175 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 274731 Type: WELL API Number: 045-13381 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 274811 Type: WELL API Number: 045-13395 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 274812 Type: WELL API Number: 045-13394 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:

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: _____
 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
		Gravel	Pass			
				MHSP	Pass	Secondary containment under chemical containers
		Culverts	Pass			
Gravel	Pass					
Compaction	Pass					
Seeding	Pass					

Inspector Name: LONGWORTH, MIKE

Ditches	Pass				
		Ditches	Pass		

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT