

**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:

05/16/2016

Document Number:

666802150

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	263904	334777	Murray, Richard	<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
, Inspections		COGCCInspectionReports@wpxenergy.com	Field Inspections

Compliance Summary:QtrQtr: NESW Sec: 4 Twp: 7S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/05/2010	200292508	PR	PR	SATISFACTORY			No
03/09/2006	200087399	PR	PR	SATISFACTORY	I	Pass	No
07/18/2002	200030719	DG	DG	SATISFACTORY		Pass	No

Inspector Comment:Action required items noted in previous inspection have been satisfied**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
263902	WELL	PR	10/21/2002	GW	045-08153	BERNKLAU RWF 24-4	PR	<input checked="" type="checkbox"/>
263904	WELL	PR	10/21/2002	GW	045-08155	BERNKLAU RWF 23-4	PR	<input checked="" type="checkbox"/>
263905	WELL	PR	10/21/2002	GW	045-08156	BERNKLAU RWF 323-4	PR	<input checked="" type="checkbox"/>
289191	WELL	PR	02/05/2007	GW	045-13685	WILLIAMS RWF 424-4	PR	<input checked="" type="checkbox"/>
289192	WELL	PR	02/05/2007	GW	045-13684	WILLIAMS RWF 524-4	PR	<input checked="" type="checkbox"/>
289193	WELL	PR	02/05/2007	GW	045-13683	WILLIAMS RWF 324-4	PR	<input checked="" type="checkbox"/>
289194	WELL	PR	02/05/2007	GW	045-13682	WILLIAMS RWF 612-4	PR	<input checked="" type="checkbox"/>
289195	WELL	PR	02/05/2007	GW	045-13681	WILLIAMS RWF 423-4	PR	<input checked="" type="checkbox"/>
414573	PIT	AC	03/22/2011		-	RWF 24-4	AC	<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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

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

Equipment:

Type: Horizontal Heated Separator	# 8	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		
Date:		
Type: Plunger Lift	# 8	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		
Date:		

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Type: Ancillary equipment	# 2	Satisfactory/Action Required: SATISFACTORY
Comment	Chemical unit at wellhead	
Corrective Action		Date:

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST	39.463630,-107.895602

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			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 BBLS	STEEL AST	39.463360,-107.895790

S/AR		Comment:	
Corrective Action:		Corrective Date:	

Paint

Condition	
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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	500 BBLS	STEEL AST	,

S/AR	SATISFACTORY	Comment:	earth berm
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

Corrective Action		Corrective Date	
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Comment	
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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	,

S/AR	SATISFACTORY	Comment:	Metal berm
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Corrective Action:		Corrective Date:	
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Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Comment	
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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	400 BBLS	STEEL AST	,

S/AR	SATISFACTORY	Comment:	earth berm
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Corrective Action:		Corrective Date:	
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Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Comment	
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Venting:

Yes/No	YES
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Comment **Bradenhead valves open****Flaring:**

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

Predrill

Location ID: 263904

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: 263902 Type: WELL API Number: 045-08153 Status: PR Insp. Status: PR

Producing WellComment: **Plunger lift**

Facility ID: 263904 Type: WELL API Number: 045-08155 Status: PR Insp. Status: PR

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Producing Well

Comment: **Plunger lift**

Facility ID: 263905 Type: WELL API Number: 045-08156 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 289191 Type: WELL API Number: 045-13685 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 289192 Type: WELL API Number: 045-13684 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 289193 Type: WELL API Number: 045-13683 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 289194 Type: WELL API Number: 045-13682 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 289195 Type: WELL API Number: 045-13681 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 414573 Type: PIT API Number: - Status: AC Insp. Status: AC

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): N

Comment:

Pilot: _____ Wildlife Protection Devices (fired vessels): YES**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 REVEGETATIONCropland

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 _____

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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
Drains	Pass					
Compaction	Pass					
		Ditches	Pass			
		Culverts	Pass			
		Gravel	Pass			
Sediment Traps	Pass					

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

Comment: _____
CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Pit Type: Produced Water Lined: YES Pit ID: 414573 Lat: 39.463430 Long: -107.895600

Lining:

Liner Type: Plastic Liner Condition: Adequate

Comment: _____

Fencing:

Fencing Type: Netting/Fen Fencing Condition: Adequate

Comment: _____

Netting:

Netting Type: Fence/Net Netting Condition: Good

Comment: _____

Anchor Trench Present: YES Oil Accumulation: NO 2+ feet Freeboard: _____

Pit (S/A/V): SATISFACTOR Comment: _____

Corrective Action: _____ Date: _____

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Inspector Name: Murray, Richard

Document Num	Description	URL
666802150	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3857223