

**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:

05/24/2016

Document Number:

666802190

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	298949	335503	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: 30 Twp: 6S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
09/27/2011	200323240	PR	PR	SATISFACTORY			No
03/01/2011	200300929	SR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
298949	WELL	PR	09/30/2009	GW	045-17487	BUXTON RWF 313-30	PR	<input checked="" type="checkbox"/>
298950	WELL	PR	12/11/2009	GW	045-17488	BUXTON RWF 13-30	PR	<input checked="" type="checkbox"/>
298951	WELL	PR	09/30/2009	GW	045-17489	BUXTON RWF 413-30	PR	<input checked="" type="checkbox"/>
298952	WELL	PR	01/11/2010	GW	045-17490	BUXTON RWF 513-30	PR	<input checked="" type="checkbox"/>
298953	WELL	PR	01/11/2010	GW	045-17491	BUXTON RWF 14-30	PR	<input checked="" type="checkbox"/>
298954	WELL	PR	08/11/2009	GW	045-17492	BUXTON RWF 314-30	PR	<input checked="" type="checkbox"/>
298955	WELL	PR	03/29/2010	GW	045-17493	BUXTON RWF 514-30	PR	<input checked="" type="checkbox"/>
298956	WELL	PR	10/14/2008	GW	045-17494	BUXTON RWF 323-30	PR	<input checked="" type="checkbox"/>
298957	WELL	PR	01/11/2010	GW	045-17495	BUXTON RWF 423-30	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

298958	WELL	PR	08/30/2009	GW	045-17496	BUXTON RWF 523-30	PR	X
298959	WELL	PR	08/31/2009	GW	045-17497	BUXTON RWF 24-30	PR	X
298960	WELL	PR	06/16/2009	GW	045-17498	BUXTON RWF 324-30	PR	X
298961	WELL	PR	06/16/2009	GW	045-17499	BUXTON RWF 424-30	PR	X
298962	WELL	PR	03/29/2010	GW	045-17500	BUXTON RWF 333-30	PR	X
298963	WELL	PR	09/30/2009	GW	045-17501	BUXTON RWF 33-30	PR	X
298964	WELL	PR	01/11/2010	GW	045-17502	BUXTON RWF 432-30	PR	X
299068	WELL	PR	01/11/2010	GW	045-17548	BUXTON RWF 23-30	PR	X
299069	WELL	PR	06/30/2009	GW	045-17549	BUXTON RWF 524-30	PR	X
299070	WELL	PR	04/06/2012	GW	045-17550	BUXTON RWF 522-30	PR	X

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: _____

LocationLease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY	AIRS ID 045-1937-001		

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	SATISFACTORY	Emissions control device		

Spills:

Type	Area	Volume	Corrective action	CA Date

Inspector Name: Murray, Richard

☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Equipment:

Type: Horizontal Heated Separator	# 19	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action	Date:		
Type: Plunger Lift	# 19	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action	Date:		
Type: Ancillary equipment	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment	Chemical unit at wellhead		
Corrective Action	Date:		

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	1	1000 GAL	STEEL AST	,
S/AR	SATISFACTORY	Comment:	Centralized battery	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
-----------	----------

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action				Corrective Date	
Comment					

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY	Comment:	Centralized battery	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
-----------	----------

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	300 BBLS	STEEL AST	39.534810,-107.790390
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
-----------	----------

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Venting:

Yes/No	YES
Comment	Bradenhead valves open

Flaring:

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

Predrill

Location ID: 298949

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: 298949 Type: WELL API Number: 045-17487 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 298950 Type: WELL API Number: 045-17488 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 298951 Type: WELL API Number: 045-17489 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 298952 Type: WELL API Number: 045-17490 Status: PR Insp. Status: PR

Producing WellComment: **Plunger lift**Facility ID: 298953 Type: WELL API Number: 045-17491 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 298954 Type: WELL API Number: 045-17492 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 298955 Type: WELL API Number: 045-17493 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 298956 Type: WELL API Number: 045-17494 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 298957 Type: WELL API Number: 045-17495 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 298958 Type: WELL API Number: 045-17496 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 298959 Type: WELL API Number: 045-17497 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 298960 Type: WELL API Number: 045-17498 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 298961 Type: WELL API Number: 045-17499 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 298962 Type: WELL API Number: 045-17500 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 298963 Type: WELL API Number: 045-17501 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**

Inspector Name: Murray, Richard

Facility ID: 298964 Type: WELL API Number: 045-17502 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 299068 Type: WELL API Number: 045-17548 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 299069 Type: WELL API Number: 045-17549 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 299070 Type: WELL API Number: 045-17550 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

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): Y

Comment: Disconnected

Pilot: OFF 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 _____

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 ☐

Inspector Name: Murray, Richard

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Seeding	Pass					
Berms	Pass					
Slope Roughening	Pass					
		Berms	Pass			
		Culverts	Pass			
		Ditches	Pass			

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT