


Inspector Name: LABOWSKIE, STEVE

FORM INSP		State of Colorado		Oil and Gas Conservation Commission				DE	ET	OE	ES
Rev 05/11		1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109									
FIELD INSPECTION FORM											
Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection							
	216482	326431	LABOWSKIE, STEVE	<input type="checkbox"/>	2A Doc Num: _____						
Operator Information:											
OGCC Operator Number: 96705 Name of Operator: WPX ENERGY PRODUCTION LLC											
Address: P O BOX 3102 MS-25-2											
City: TULSA State: OK Zip: 74101											
Contact Information:											
Contact Name		Phone		Email		Comment					
Granillo, Lacey		(505) 333-1816		lacey.granillo@wpxenergy.com		Permitting					
Mitchell, Ben		(505) 947-4975		ben.mitchell@wpxenergy.com		Production					
Compliance Summary:											
QtrQtr: SESE		Sec: 12		Twp: 33N		Range: 8W					
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)				
06/09/2008	200191374	PR	PR	S			N				
01/19/2006	200087937	PR	PR	S		P	N				
02/04/2004	200052640	PR	PR	S		P	N				
02/12/2003	200036331	PR	PR	S		P	N				
07/20/2001	200019550	PR	PR	S		P	N				
02/16/2000	200004456	PR	PR	S		P	N				
01/30/1998	500150703	PR	PR			P	N				
Inspector Comment:											
Related Facilities:											
Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name					
214142	WELL	DA	11/18/1968	DA	067-05457	GALLEGOS GAS UNIT C 1		<input type="checkbox"/>			
216482	WELL	PR	08/08/1997	GW	067-08088	IGNACIO 33-8 1B		<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											

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Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: \_\_\_\_\_

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

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

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
OTHER		pin-flags still in use/necessary? Pick up when not needed.	Remove pin flags.	9-17-13

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Flow Line	1	Satisfactory			
Gas Meter Run	1	Satisfactory			
Ancillary equipment	1	Satisfactory	telemetry		
Horizontal Heated Separator	1	Satisfactory			
Bird Protectors	1	Satisfactory			

Facilities:				
<input checked="" type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	Open Top	37.114330,-107.663800
Condition	Adequate			
Other (Content)	_____			
Other (Capacity)	_____			
Other (Type)	_____			
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

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<b>Venting:</b>					
Yes/No	Comment				

<b>Flaring:</b>					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

**Predrill**

Location ID: 326431

**Site Preparation:**

Lease Road Adeq.:                      Pads:                      Soil Stockpile:                     

Corrective Action:                      Date:                      CDP Num.:                     

**Form 2A COAs:**

**Comment:**

**CA:**  **Date:**

**Wildlife BMPs:**

**Comment:**

**CA:**  **Date:**

**Stormwater:**

Erosion BMPs	Present	Other BMPs	Present

Corrective Action:                      Date:                     

Comments: Erosion BMPs:                     

                    Other BMPs:                     

**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: 216482 Type: WELL API Number: 067-08088 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**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. Debris removed? Pass CM

CA CA Date

Waste Material Onsite? 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 removed? Pass CM

CA CA Date

Guy line anchors marked? CM

CA CA Date

1003b. Area no longer in use? Pass

Production areas stabilized ? Pass



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1003c. Compacted areas have been cross ripped? \_\_\_\_\_

1003d. Drilling pit closed? Pass                      Subsidence over on drill pit? Pass

Cuttings management: \_\_\_\_\_

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? Pass

                    Production areas have been stabilized? Pass                      Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

                    Top soil replaced \_\_\_\_\_                      Recontoured \_\_\_\_\_                      Perennial forage re-established \_\_\_\_\_

Non-Cropland

                    Top soil replaced Pass                      Recontoured Pass                      80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

Comment: small footprint, good revegetation.

Overall Interim Reclamation Pass

**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 \_\_\_\_\_ 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	Compaction	Pass			

S/U/V: Satisfactory                      Corrective Date: \_\_\_\_\_

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

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