


Inspector Name: LABOWSKIE, STEVE

FORM INSP <small>Rev 05/11</small>	State of Colorado						DE	ET	OE	ES
	Oil and Gas Conservation Commission									
	<small>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</small>									
FIELD INSPECTION FORM										
Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection						
	285782	306967	LABOWSKIE, STEVE	<input type="checkbox"/>	2A Doc Num: _____					
Operator Information:						<div style="text-align: right;"><input type="checkbox"/> THIS IS A FOLLOW UP INSPECTION <input type="checkbox"/> FOLLOW UP INSPECTION REQUIRED <input checked="" type="checkbox"/> NO FOLLOW UP INSPECTION REQUIRED <input type="checkbox"/> INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED</div>				
OGCC Operator Number: _____										
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				
Mitchell, Ben		(505) 947-4975		ben.mitchell@wpxenergy.com		Production				
Granillo, Lacey		(505) 333-1816		lacey.granillo@wpxenergy.com		Permitting				
Compliance Summary:										
QtrQtr: SENE		Sec: 13		Twp: 33N		Range: 9W				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)			
01/12/2012	661700122	PR	PR	Satisfactory			No			
10/18/2010	200278624	PR	PR	Satisfactory			No			
08/19/2010	200276011	PR	PR	Unsatisfactory			Yes			
08/19/2010	200268811	PR	PR	Unsatisfactory			Yes			
02/18/2010	200231635	PR	PR	Satisfactory			No			
11/20/2009	200225136	PR	PR	Satisfactory			No			
04/15/2008	200130700	ID	AO	Satisfactory			No			
04/07/2008	200189781	ID	AO	Satisfactory			No			
Inspector Comment:										
<div style="height: 30px;"></div>										
Related Facilities:										
Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status			
285782	WELL	PR	06/22/2008	GW	067-09207	BONDAD 33-9 33A	PR	<input checked="" type="checkbox"/>		
Equipment: <u>Location Inventory</u>										

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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

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

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
OTHER		standing water around wellhead at time of inspection.	standing water was from recent snow storm will	

Spills:				
Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	1	Satisfactory			
Plunger Lift	1	Satisfactory			
Dehydrator	1	Satisfactory			

Venting:				
Yes/No	Comment			

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 285782

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/U/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/U/V: _____ Comment: _____

CA: _____ Date: _____

Wildlife BMPs:

S/U/V: _____ Comment: _____

CA: _____ Date: _____

Stormwater:

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: 285782 Type: WELL API Number: 067-09207 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 _____

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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. 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? _____ CM _____
CA _____ CA Date _____
Guy line anchors marked? Pass CM _____
CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

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? In
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 In

1003 f. Weeds Noxious weeds? _____ P _____

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Comment: _____

Overall Interim Reclamation In Process

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	Compaction	Pass	MHSP	Pass	

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT