

**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

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Inspection Date:

06/17/2014

Document Number:

663903334

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	324057	324057	LONGWORTH, MIKE	<input type="checkbox"/>	

**Operator Information:**OGCC Operator Number: 96850Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLCAddress: 1001 17TH STREET - SUITE #1200City: DENVER State: CO Zip: 80202

- ☐ 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
Kellerby, Shaun		shaun.kellerby@state.co.us	
Moss, Brad	(970) 285-9377	Brad.Moss@WPXEnergy.com	Production foreman
Gardner, Michael	970/285-9377 ext. 2760	Michael.Gardner@WPXEnergy.com	Principal Environmental Specialist

**Compliance Summary:**QtrQtr: SWNW Sec: 20 Twp: 6S Range: 94W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
211599	WELL	PR	06/27/1999	GW	045-07360	CLOUGH RMV 205-20	PR	<input checked="" type="checkbox"/>
436058	WELL	DG	04/21/2014	LO	045-22333	Clough RWF 933-19D	PD	<input type="checkbox"/>

**Equipment:****Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>2</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>2</u>	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: <u>1</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

**Location****Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY	Sign needed on injection well		

Inspector Name: LONGWORTH, MIKE

TANK LABELS/PLACARDS	SATISFACTORY	200 bbl tank label is on the back of tank. Place label where it can be seen.		
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Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: \_\_\_\_\_

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

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

**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
SEPARATOR	SATISFACTORY			
TANK BATTERY	SATISFACTORY			

**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	1	SATISFACTORY			
Horizontal Heated Separator	1	SATISFACTORY			
Bird Protectors	1	SATISFACTORY			

**Facilities:**

☐ New Tank

Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	STEEL AST	,

S/A/V: 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 \_\_\_\_\_

<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	1	200 BBLS	STEEL AST	39.511470,-107.920620	
S/A/V:	SATISFACTORY		Comment: _____		
Corrective Action: _____				Corrective Date: _____	
<b>Paint</b>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment _____					
<b>Venting:</b>					
Yes/No		Comment			
<b>Flaring:</b>					
Type	Satisfactory/Action Required		Comment	Corrective Action	CA Date
<b><u>Predrill</u></b>					
Location ID: 324057					
<b>Site Preparation:</b>					
Lease Road Adeq.: _____		Pads: _____		Soil Stockpile: _____	
<b>S/A/V:</b> _____					
Corrective Action: _____		Date: _____		CDP Num.: _____	
<b>Form 2A COAs:</b>					
Group	User	Comment			Date
OGLA	kubeczkd	Notify the COGCC 48 hours prior to start of pad reconstruction, rig mobilization, spud, and start of hydraulic stimulation operations using Form 42 (the appropriate COGCC individuals will automatically be email notified, including the LGD for hydraulic stimulation operations).  As required for Groundwater Baseline Sampling; Operator shall comply with Rule 609. STATEWIDE GROUNDWATER BASELINE SAMPLING AND MONITORING.			01/23/2014

OGLA	kubeczkd	<p>Operator must implement best management practices to contain any unintentional release of fluids, including any fluids conveyed via temporary surface pipelines or buried permanent pipelines.</p> <p>Operator must ensure secondary containment for any volume of fluids contained at well site during drilling and completion operations; including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures (i.e., best management practices (BMPs) associated with stormwater management) sufficiently protective of nearby surface water. Any berm constructed at the well pad location will be stabilized, inspected at regular intervals (at least every 14 days), and maintained in good condition.</p> <p>Operator must submit an as-built drawing (plan view and cross-sections) of the SWD injection well pad and associated equipment within 30 calendar days of construction.</p> <p>Operator will use qualified containment devices for all appropriate chemicals/hazardous materials used onsite during the operation of the injection well.</p> <p>All tanks and aboveground vessels containing fluids must have secondary containment structures. All secondary containment structures/areas must be lined. Operator must ensure a minimum of 110 percent secondary containment for the largest structure containing fluids within each bermed area of the facility during operations. The construction and lining of the secondary containment structures/areas shall be supervised by a professional engineer or their agent.</p> <p>Operator shall equip and maintain on all tanks an electronic level monitoring device.</p> <p>Operator shall install a steel containment ring around tank batteries to provide secondary containment and install a synthetic liner that underlies the entire battery and is keyed into the top of the containment ring.</p>	01/23/2014
OGLA	kubeczkd	<p>The moisture content of any drill cuttings in a cuttings trench or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, if drill cuttings are to remain/disposed of onsite, they must also meet the applicable standards of table 910-1.</p> <p>Approval of this Form 2A does not authorize operator the right to inject. Authorization to inject into the selected Formation(s) requires approval of both the Form 31 and the Form 33.</p> <p>If the well is to be hydraulically stimulated, flowback and stimulation fluids must be sent to tanks, separators, or other containment/filtering equipment before the fluids can be placed into any pipeline, storage vessel, or lined pit (only if an amended Form 2A has been submitted/approved and a Form 15 Earthen Pit Permitted has been submitted/approved) located on the well pad; or into tanker trucks for offsite disposal. The flowback and stimulation fluid tanks, separators, or other containment/filtering equipment must be placed on the well pad in an area with additional downgradient perimeter berming. The area where flowback fluids will be stored/reused must be constructed to be sufficiently impervious to contain any spilled or released material.</p>	01/23/2014

OGLA	kubeczkd	Operator shall pressure test pipelines in accordance with Rule 1101.e.(1) prior to putting into initial service any temporary surface or permanent buried pipelines and following any reconfiguration of the pipeline network. Operator shall notify the COGCC Oil and Gas Location Assessment (OGLA) Specialist for Western Colorado (Dave Kubeczko; email dave.kubeczko@state.co.us) and the COGCC Field Inspection Supervisor for Northwest Colorado (Shaun Kellerby; email shaun.kellerby@state.co.us) 48 hours prior to testing surface or buried poly/steel pipelines.  Operator will utilize, to the extent practical, all existing access and other public roads, and/or existing pipeline right-of-ways, when placing/routing the surface pipelines. This will reduce surface disturbance and fragmentation of wildlife habitat in the area.	01/23/2014
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**S/A/V:** SATISFACTORY **Comment:** Adequate BMPs

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

**Wildlife BMPs:**

BMP Type	Comment
Interim Reclamation	<p>PRODUCTION/RECLAMATION BMP's</p> <ul style="list-style-type: none"> <li>* Use only certified weed-free native seed in seed mixes, except for non-native plants that benefit wildlife</li> <li>* WPX Energy will use certified, weed free grass hay, straw, hay or other mulch materials used for the reseeding and reclamation of disturbed areas.</li> <li>* Install exclusionary devices to prevent bird and other wildlife access to equipment stacks, vents and openings.</li> <li>* Reduce visits to well-sites through remote monitoring (i.e. SCADA) and the use of multi-function contractors.</li> </ul>
Planning	<p>PLANNING BMP's</p> <ul style="list-style-type: none"> <li>* Share/consolidate corridors for pipeline ROWs to the maximum extent possible.</li> <li>* Use existing roads where possible</li> </ul>

**S/A/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:

Inspector Name: LONGWORTH, MIKE

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

### Facility

Facility ID: 211599 Type: WELL API Number: 045-07360 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:

#### Waste Management:

Type	Management	Condition	Comment	GPS (Lat)	(Long)
Drill Cuttings	Landfarm	Adequate		39.511380	-107.920810

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: RANGELAND

Comment:

1003a. Debris removed? CM

CA CA Date

Waste Material Onsite? CM

CA CA Date

Unused or unneeded equipment onsite? CM

CA CA Date

Pit, cellars, rat holes and other bores closed? CM

CA \_\_\_\_\_ CA Date \_\_\_\_\_  
 Guy line anchors removed? \_\_\_\_\_ 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: RANGELAND \_\_\_\_\_

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
Seeding	Fail	Gravel	Pass			
Compaction	Pass	Culverts	Pass			

Inspector Name: LONGWORTH, MIKE

Berms	Pass	Compaction	Pass			
Gravel	Pass	Ditches	Pass			

S/A/V: SATISFACTOR  
Y

Corrective Date: \_\_\_\_\_

Comment: Land farming drill cutting in berms

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT