

**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:
10/23/2014Document Number:
666800208Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	288431	335208	Murray, Richard	<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
Gardner, Michael		Michael.Gardner@wpxenergy.com	Environmental Manager
Moss, Brad		Brad.Moss@wpxenergy.com	Production Foreman
Kellerby, Shaun		shaun.kellerby@state.us.co	

Compliance Summary:QtrQtr: NESW Sec: 17 Twp: 6S Range: 91W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
09/15/2010	200273108	PR	PR	SATISFACTORY			No
07/18/2008	200201726	PR	PR	ACTION REQUIRED			Yes

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
288430	WELL	PR	06/25/2008	GW	045-13276	JOLLEY 17-1D	PR	X
288431	WELL	PR	07/25/2008	GW	045-13275	JOLLEY 17-4D	PR	X
289365	WELL	PR	10/01/2012	GW	045-13713	JOLLEY 17-2D	PR	X
289366	WELL	PR	07/03/2013	GW	045-13712	JOLLEY 17-3D	PR	X
295980	WELL	PR	10/07/2013	GW	045-15860	Jolley KP 23-17	PR	X
296440	WELL	AL	05/27/2011	LO	045-16030	JOLLEY 17-310D	AL	X
296441	WELL	PR	11/30/2011	GW	045-16031	Jolley KP 33-17	PR	X
298267	WELL	XX	09/08/2010	LO	045-17110	Jolley KP 633-17	XX	X
298268	WELL	PR	11/30/2011	GW	045-17111	Jolley KP 423-17	PR	X
298269	WELL	PR	05/21/2012	GW	045-17112	Jolley KP 533-17	PR	X

Equipment:**Location Inventory**

Inspector Name: Murray, Richard

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/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	ACTION REQUIRED	Tank by compressor	Install sign to comply with rule 210.	11/28/2014
BATTERY	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	SATISFACTORY	Dehydrator	Remove unused equipment	

Spills:				
Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Gas Meter Run	3	SATISFACTORY			
Dehydrator	0	SATISFACTORY			
Horizontal Heated Separator	12	SATISFACTORY			

Venting:		
Yes/No	Comment	
YES	Bradenhead valves open	

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 288431

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

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

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****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:Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:**Facility**

Facility ID: 288430 Type: WELL API Number: 045-13276 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 288431 Type: WELL API Number: 045-13275 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 289365 Type: WELL API Number: 045-13713 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 289366 Type: WELL API Number: 045-13712 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 295980 Type: WELL API Number: 045-15860 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 296440 Type: WELL API Number: 045-16030 Status: AL Insp. Status: AL

Facility ID: 296441 Type: WELL API Number: 045-16031 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 298267 Type: WELL API Number: 045-17110 Status: XX Insp. Status: XX

Facility ID: 298268 Type: WELL API Number: 045-17111 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 298269 Type: WELL API Number: 045-17112 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:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): Y

Comment: _____

Pilot: ON Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit**Interim Reclamation:**

Inspector Name: Murray, Richard

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

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: _____

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 _____

Inspector Name: Murray, Richard

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

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT