

**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

DE	ET	OE	ES

Inspection Date:

12/23/2014

Document Number:

675100836

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335640	335640	GRANAHAN, KYLE	<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
, WPX		COGCCInspectionReports@wpxenergy.com	All inspections

Compliance Summary:QtrQtr: SESE Sec: 1 Twp: 2S Range: 98W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
278632	WELL	PR	09/19/2006	GW	103-10609	FEDERAL RGU 44-1-298	PR	<input checked="" type="checkbox"/>
290889	WELL	PR	06/04/2007	GW	103-11027	FEDERAL RGU 343-1-298	PR	<input checked="" type="checkbox"/>
290890	WELL	PR	06/04/2007	GW	103-11026	FEDERAL RGU 32-1-298	PR	<input checked="" type="checkbox"/>
290891	WELL	PR	06/04/2007	GW	103-11025	FEDERAL RGU 43-1-298	PR	<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 Motors: _____	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
BATTERY	SATISFACTORY	Located at separators		
CONTAINERS	SATISFACTORY	Chemical totes labeled		
WELLHEAD	SATISFACTORY	Located on fence in front of wells		
TANK LABELS/PLACARDS	SATISFACTORY			

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

Corrective Date: _____

Comment: 970-285-9377

Corrective Action: _____

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

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Panel fencing		
TANK BATTERY	SATISFACTORY	Panel fencing		
SEPARATOR	SATISFACTORY	Panel fencing		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Bird Protectors	4	SATISFACTORY			
Horizontal Heated Separator	4	SATISFACTORY			
Ancillary equipment	2	SATISFACTORY	Chemical injection totes with secondary containment.		
Deadman # & Marked	4	SATISFACTORY			
Plunger Lift	4	SATISFACTORY			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents		#	Capacity	Type	SE GPS
PRODUCED WATER		2	500 BBLS	HEATED STEEL AST	,
S/A/V:	SATISFACTORY		Comment:	Same berm as condensate	
Corrective Action:					Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Inspector Name: GRANAHAH, KYLE

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Corrective Action					Corrective Date	
Comment						

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	500 BBLS	HEATED STEEL AST	39.901130,-108.336830

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
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action					Corrective Date	
Comment						

Venting:

Yes/No	Comment	
NO		

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 335640

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: 278632 Type: WELL API Number: 103-10609 Status: PR Insp. Status: PR

Producing Well

Comment: Well producing, No sign of cellar/rathole present, Bradenhead valve closed, Surface and production casing monitored, No venting/leaks present at time of inspection.

Facility ID: 290889 Type: WELL API Number: 103-11027 Status: PR Insp. Status: PR

Producing Well

Comment: Well producing, No sign of cellar/rathole present, Bradenhead valve closed, Surface and production casing monitored, No venting/leaks present at time of inspection.

Facility ID: 290890 Type: WELL API Number: 103-11026 Status: PR Insp. Status: PR

Producing Well

Comment: Well producing, No sign of cellar/rathole present, Bradenhead valve closed, Surface and production casing monitored, No venting/leaks present at time of inspection.

Facility ID: 290891 Type: WELL API Number: 103-11025 Status: PR Insp. Status: PR

Producing Well

Comment: Well producing, No sign of cellar/rathole present, Bradenhead valve closed, Surface and production casing monitored, No venting/leaks present at time of inspection.

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):

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 ? Pass1003c. Compacted areas have been cross ripped? Pass

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? InProduction areas have been stabilized? Pass

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 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
		Ditches	Pass			
Ditches	Pass					
		Gravel	Pass			
Gravel	Pass					
Compaction	Pass					
				MHSP	Pass	secondary containment present.

Inspector Name: GRANAHAN, KYLE

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: Snow cover prevented a full evaluation of stormwater BMP's – no evidence of soil migration at time of inspection.

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT