

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:
03/19/2015

Document Number:
674701112

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>416998</u>	<u>416998</u>	<u>LONGWORTH, MIKE</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>96850</u>
Name of Operator:	<u>WPX ENERGY ROCKY MOUNTAIN LLC</u>
Address:	<u>1001 17TH STREET - SUITE #1200</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>

- 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
Inspection, WPX	970-263-2716	COGCCInspectionReports@wpxenergy.com	WPX Inspection Mail Box

Compliance Summary:

QtrQtr:	<u>NWSE</u>	Sec:	<u>31</u>	Twp:	<u>6S</u>	Range:	<u>96W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/04/2013	663801075			SATISFACTORY	I		No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
417004	WELL	PR	06/03/2011	GW	045-19433	Puckett GM 444-31	PR	<input checked="" type="checkbox"/>
417005	WELL	PR	05/24/2011	GW	045-19434	Puckett GM 44-31	PR	<input checked="" type="checkbox"/>
417006	WELL	PR	10/01/2011	GW	045-19435	Puckett GM 344-31	PR	<input checked="" type="checkbox"/>
417007	WELL	PR	04/16/2011	GW	045-19436	Puckett GM 14-32	PR	<input checked="" type="checkbox"/>
417008	WELL	PR	04/16/2011	GW	045-19437	Puckett GM 514-32	PR	<input checked="" type="checkbox"/>
417009	WELL	PR	03/11/2011	GW	045-19438	Puckett GM 43-31	PR	<input checked="" type="checkbox"/>
417010	WELL	PR	11/12/2011	GW	045-19439	Puckett GM 334-31	PR	<input checked="" type="checkbox"/>
417011	WELL	PR	10/29/2011	GW	045-19440	Puckett GM 434-31	PR	<input checked="" type="checkbox"/>
417012	WELL	PR	11/08/2011	GW	045-19441	Puckett GM 333-31	PR	<input checked="" type="checkbox"/>
417013	WELL	PR	05/01/2011	GW	045-19442	Puckett GM 433-31	PR	<input checked="" type="checkbox"/>

417014	WELL	PR	04/16/2011	GW	045-19443	Puckett GM 414-32	PR	<input checked="" type="checkbox"/>
417015	WELL	PR	04/16/2011	GW	045-19444	Puckett GM 443-31	PR	<input checked="" type="checkbox"/>
417016	WELL	PR	10/01/2011	GW	045-19445	Puckett GM 34-31	PR	<input checked="" type="checkbox"/>

Equipment: Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>13</u>	Production Pits: _____
Condensate Tanks: <u>3</u>	Water Tanks: <u>3</u>	Separators: <u>13</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: <u>1</u>	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			
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			
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
TANK BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			
SEPARATOR	SATISFACTORY			

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	2	SATISFACTORY			
Bird Protectors	9	SATISFACTORY			
Horizontal Heated Separator	15	SATISFACTORY			
Plunger Lift	13	SATISFACTORY			

Facilities: New Tank Tank ID: _____

Inspector Name: LONGWORTH, MIKE

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate
Corrective Action				Corrective Date
Comment	Same berm as the 3 condensate tanks			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	3	300 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate
Corrective Action				Corrective Date
Comment				

Venting:	
Yes/No	Comment
NO	

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

Predrill

Location ID: 416998

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

Group	User	Comment	Date
Agency	garrisop	Location is in a sensitive area because of proximity to surface water; therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations.	04/23/2010
Agency	garrisop	Operator must implement best management practices to contain any unintentional release of fluids.	04/23/2010

S/AV: SATISFACTORY **Comment:** Tanks are in containment

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 417004 Type: WELL API Number: 045-19433 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 417005 Type: WELL API Number: 045-19434 Status: PR Insp. Status: PR

Producing Well				
Comment: Producing well				
Facility ID:	417006	Type:	WELL	API Number: 045-19435
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	417007	Type:	WELL	API Number: 045-19436
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	417008	Type:	WELL	API Number: 045-19437
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	417009	Type:	WELL	API Number: 045-19438
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	417010	Type:	WELL	API Number: 045-19439
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	417011	Type:	WELL	API Number: 045-19440
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	417012	Type:	WELL	API Number: 045-19441
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	417013	Type:	WELL	API Number: 045-19442
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	417014	Type:	WELL	API Number: 045-19443
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	417015	Type:	WELL	API Number: 045-19444
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	417016	Type:	WELL	API Number: 045-19445
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:

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? 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? _____ 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
		Compaction	Pass			
		Gravel	Pass			
Compaction	Pass					
				MHSP	Pass	
Gravel	Pass					
Berms	Pass					
		Ditches	Pass			Ditch is building up with sediment
Seeding						
		Culverts	Pass			
Ditches	Pass					
Check Dams	Pass					

Inspector Name: LONGWORTH, MIKE

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: NO SURFACE INDICATION OF PIT