

**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
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Inspection Date:

06/08/2015

Document Number:

674701506

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335286	335286	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
Inspection, WPX	970-263-2716	COGCCInspectionReports@wpxenergy.com	WPX Inspection Mail Box

Compliance Summary:QtrQtr: NENE Sec: 20 Twp: 6S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/12/2014	674700584			ACTION REQUIRED			No
12/16/2013	663902503			SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
211036	WELL	PR	11/10/1993	GW	045-06794	DOE 2-W-20	PR	<input checked="" type="checkbox"/>
271668	WELL	PR	03/01/2015	GW	045-09930	FEDERAL PA 41-20	PR	<input checked="" type="checkbox"/>
271670	WELL	PR	12/17/2004	GW	045-09928	FEDERAL PA 32-20	PR	<input checked="" type="checkbox"/>
271671	WELL	PR	04/08/2014	GW	045-09927	FEDERAL PA 42-20	PR	<input checked="" type="checkbox"/>
272793	WELL	PR	12/26/2004	GW	045-10153	FEDERAL PA 342-20	PR	<input checked="" type="checkbox"/>
272794	WELL	PR	03/30/2005	GW	045-10152	FEDERAL PA 332-20	PR	<input checked="" type="checkbox"/>
272795	WELL	PR	10/02/2005	GW	045-10151	FEDERAL PA 341-20	PR	<input checked="" type="checkbox"/>
301306	WELL	PR	04/16/2011	GW	045-18103	FEDERAL PA 414-16	PR	<input checked="" type="checkbox"/>
301307	WELL	PR	03/01/2015	GW	045-18104	FEDERAL PA 514-16	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

301308	WELL	PR	04/16/2011	GW	045-18105	FEDERAL PA 44-17	PR	X
301309	WELL	PR	04/16/2011	GW	045-18106	FEDERAL PA 344-17	PR	X
301310	WELL	PR	04/16/2011	GW	045-18107	FEDERAL PA 31-20	PR	X
301311	WELL	PR	04/16/2011	GW	045-18108	FEDERAL PA 331-20	PR	X
301312	WELL	PR	04/16/2011	GW	045-18109	FEDERAL PA 431-20	PR	X
301313	WELL	PR	04/16/2011	GW	045-18110	FEDERAL PA 531-20	PR	X
301314	WELL	PR	12/08/2011	GW	045-18111	FEDERAL PA 432-20	PR	X
301315	WELL	PR	08/16/2011	GW	045-18112	FEDERAL PA 532-20	WK	X
301316	WELL	PR	04/16/2011	GW	045-18113	Federal PA 441-20	PR	X
301317	WELL	PR	04/16/2011	GW	045-18114	FEDERAL PA 541-20	PR	X
301318	WELL	PR	08/16/2011	GW	045-18115	FEDERAL PA 442-20	PR	X
301319	WELL	PR	03/17/2011	GW	045-18116	FEDERAL PA 542-20	PR	X
301320	WELL	PR	04/16/2011	GW	045-18117	FEDERAL PA 444-17	PR	X
301438	WELL	PR	11/15/2010	GW	045-18164	FEDERAL PA 544-17	PR	X
419283	PIT		09/13/2010		-	DOE 2-W-20		

Equipment:Location Inventory

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	SATISFACTORY			
CONTAINERS	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY	Signs and fencing down for work over rig.		

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

Corrective Date: _____

Comment: 970-285-9377

Inspector Name: LONGWORTH, MIKE

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
TANK BATTERY	SATISFACTORY			
SEPARATOR	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	20	SATISFACTORY			
Horizontal Heated Separator	5	SATISFACTORY			
Plunger Lift	3	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			
Ancillary equipment	4	SATISFACTORY			
Bird Protectors	13	SATISFACTORY			
Plunger Lift	20	SATISFACTORY			

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	300 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				
Corrective Action				Corrective Date
Comment				

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	5	300 BBLS	STEEL AST	,
S/A/V: SATISFACTORY	Comment: Air id 045-2216-001			

Inspector Name: LONGWORTH, MIKE

Corrective Action:		Corrective Date:	
Paint			
Condition	Adequate		
Other (Content)			
Other (Capacity)			
Other (Type)			
Berms			
Type	Capacity	Permeability (Wall)	Permeability (Base)
Metal	Adequate	Walls Sufficient	Base Sufficient
Corrective Action			Corrective Date
Comment			

Venting:	
Yes/No	Comment
NO	

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

Predrill

Location ID: 335286

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: 211036 Type: WELL API Number: 045-06794 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 271668 Type: WELL API Number: 045-09930 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 271670 Type: WELL API Number: 045-09928 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID:	271671	Type:	WELL	API Number:	045-09927	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	272793	Type:	WELL	API Number:	045-10153	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	272794	Type:	WELL	API Number:	045-10152	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	272795	Type:	WELL	API Number:	045-10151	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	301306	Type:	WELL	API Number:	045-18103	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	301307	Type:	WELL	API Number:	045-18104	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	301308	Type:	WELL	API Number:	045-18105	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	301309	Type:	WELL	API Number:	045-18106	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	301310	Type:	WELL	API Number:	045-18107	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	301311	Type:	WELL	API Number:	045-18108	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	301312	Type:	WELL	API Number:	045-18109	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	301313	Type:	WELL	API Number:	045-18110	Status:	PR	Insp. Status:	PR

Producing WellComment: **Producing well**Facility ID: 301314 Type: WELL API Number: 045-18111 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 301315 Type: WELL API Number: 045-18112 Status: PR Insp. Status: WK**Workover**Comment: **West Co swabing on well.**Facility ID: 301316 Type: WELL API Number: 045-18113 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 301317 Type: WELL API Number: 045-18114 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 301318 Type: WELL API Number: 045-18115 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 301319 Type: WELL API Number: 045-18116 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 301320 Type: WELL API Number: 045-18117 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 301438 Type: WELL API Number: 045-18164 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: _____

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? _____ In _____ 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 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 _____

Final Reclamation/ Abandoned Location:

Inspector Name: LONGWORTH, MIKE

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
Berms	Pass					
Gravel	Pass					
		Check Dams	Pass			
		Ditches	Pass			
				MHSP	Pass	
		Gravel	Pass			
Compaction	Pass					
		Compaction	Pass			

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	419283	2521263	