

**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:

12/03/2015

Document Number:

674702140

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335260	335260	LONGWORTH, MIKE	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 96850Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLCAddress: PO BOX 370City: PARACHUTE State: CO Zip: 81635

- ☐ 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: SWNW Sec: 29 Twp: 6S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/01/2014	663903105			SATISFACTORY			No
02/03/2014	663902747			SATISFACTORY			No
01/22/2014	663902685			ACTION REQUIRED	F		No
11/04/2013	663902353			ACTION REQUIRED	P		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
211067	WELL	PR	11/02/1994	GW	045-06825	FEDERAL GR 12-29	PR	<input type="checkbox"/>
260219	WELL	PR	03/07/2002	GW	045-07832	CHEVRON GM 11-29	PR	<input type="checkbox"/>
289396	WELL	AL	05/27/2011	LO	045-13750	CHEVRON GM413-29	AL	<input checked="" type="checkbox"/>
289397	WELL	AL	05/27/2011	LO	045-13749	CHEVRON GM 313-29	AL	<input checked="" type="checkbox"/>
289398	WELL	AL	06/02/2011	LO	045-13748	CHEVRON GM 523-29	AL	<input checked="" type="checkbox"/>
289399	WELL	AL	05/27/2011	LO	045-13747	CHEVRON GM 13-29	AL	<input checked="" type="checkbox"/>
289400	WELL	AL	05/27/2011	LO	045-13746	CHEVRON GM 511-29	AL	<input checked="" type="checkbox"/>
289401	WELL	AL	05/27/2011	LO	045-13745	CHEVRON GM411-29	AL	<input checked="" type="checkbox"/>

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289402	WELL	AL	05/27/2011	LO	045-13744	CHEVRON GM311-29	AL	X
289403	WELL	AL	05/27/2011	LO	045-13743	CHEVRON GM422-29	AL	X
289404	WELL	AL	05/27/2011	LO	045-13742	CHEVRON GM322-29	AL	X
289405	WELL	AL	05/27/2011	LO	045-13741	CHEVRON GM522-29	AL	X
289406	WELL	AL	05/27/2011	LO	045-13740	CHEVRON GM312-29	AL	X
289407	WELL	AL	05/27/2011	LO	045-13739	CHEVRON GM 12-29	AL	X

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Venting:

Yes/No	Comment
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Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
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Predrill

Location ID: 335260

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: 289396 Type: WELL API Number: 045-13750 Status: AL Insp. Status: AL

Facility ID: 289397 Type: WELL API Number: 045-13749 Status: AL Insp. Status: AL

Facility ID: 289398 Type: WELL API Number: 045-13748 Status: AL Insp. Status: AL

Facility ID: 289399 Type: WELL API Number: 045-13747 Status: AL Insp. Status: AL

Facility ID: 289400 Type: WELL API Number: 045-13746 Status: AL Insp. Status: AL

Facility ID: 289401 Type: WELL API Number: 045-13745 Status: AL Insp. Status: AL

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Facility ID: 289402	Type: WELL	API Number: 045-13744	Status: AL	Insp. Status: AL
Facility ID: 289403	Type: WELL	API Number: 045-13743	Status: AL	Insp. Status: AL
Facility ID: 289404	Type: WELL	API Number: 045-13742	Status: AL	Insp. Status: AL
Facility ID: 289405	Type: WELL	API Number: 045-13741	Status: AL	Insp. Status: AL
Facility ID: 289406	Type: WELL	API Number: 045-13740	Status: AL	Insp. Status: AL
Facility ID: 289407	Type: WELL	API Number: 045-13739	Status: AL	Insp. Status: AL

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): _____

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? _____ 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 _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: **No evidence of AL wells on location.**

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Pass _____ 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

Inspector Name: LONGWORTH, MIKE

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT