

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



Inspection Date:
01/14/2016
Document Number:
666801827
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>295980</u>	<u>335208</u>	<u>Murray, Richard</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>96850</u>
Name of Operator:	<u>WPX ENERGY ROCKY MOUNTAIN LLC</u>
Address:	<u>PO BOX 370</u>
City:	<u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</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
, Inspections		COGCCInspectionReports@wpxenergy.com	Field Inspections

Compliance Summary:

QtrQtr:	<u>NESW</u>	Sec:	<u>17</u>	Twp:	<u>6S</u>	Range:	<u>91W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/28/2012	661400092	DG	PR	SATISFACTORY			No

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	<input checked="" type="checkbox"/>
288431	WELL	PR	07/25/2008	GW	045-13275	JOLLEY 17-4D	PR	<input checked="" type="checkbox"/>
289365	WELL	PR	10/01/2012	GW	045-13713	JOLLEY 17-2D	PR	<input checked="" type="checkbox"/>
289366	WELL	PR	07/03/2013	GW	045-13712	JOLLEY 17-3D	PR	<input checked="" type="checkbox"/>
295980	WELL	PR	10/07/2013	GW	045-15860	Jolley KP 23-17	PR	<input checked="" type="checkbox"/>
296440	WELL	AL	05/27/2011	LO	045-16030	JOLLEY 17-310D	AL	<input type="checkbox"/>
296441	WELL	PR	11/30/2011	GW	045-16031	Jolley KP 33-17	PR	<input checked="" type="checkbox"/>
298267	WELL	XX	09/08/2010	LO	045-17110	Jolley KP 633-17	ND	<input checked="" type="checkbox"/>
298268	WELL	PR	11/30/2011	GW	045-17111	Jolley KP 423-17	PR	<input checked="" type="checkbox"/>
298269	WELL	PR	05/21/2012	GW	045-17112	Jolley KP 533-17	PR	<input checked="" type="checkbox"/>

Equipment:		<u>Location Inventory</u>	
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

Lease Road:				
Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY	AIRS ID 045-1523-002		

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

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

Equipment:					
Type: Gas Meter Run	# 3	Satisfactory/Action Required:	SATISFACTORY		
Comment					
Corrective Action				Date:	
Type: Compressor	# 1	Satisfactory/Action Required:	SATISFACTORY		
Comment					
Corrective Action				Date:	
Type: Pig Station	# 1	Satisfactory/Action Required:	SATISFACTORY		
Comment					

Corrective Action				Date:
Type: Vertical Separator	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Emission Control Device	# 0	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Horizontal Heated Separator	# 12	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Plunger Lift	# 8	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Dehydrator	# 0	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Ancillary equipment	# 4	Satisfactory/Action Required:	SATISFACTORY	
Comment		3 Chemical units at wellhead, 1 chemical unit at compressor		
Corrective Action				Date:

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	0			
S/AR	Comment:			
Corrective Action:				Corrective Date:

Paint

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

Berms

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

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	100 BBLS	STEEL AST	39.526306,-107.579063
S/AR	SATISFACTORY	Comment: breadehead venting to tank		

Corrective Action:	Corrective Date:
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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
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Comment

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	1	200 BBLS	STEEL AST	39.526620,-107.578237

S/AR	SATISFACTORY	Comment:	_____
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Corrective Action:	Corrective Date:
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Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action	Corrective Date
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Comment

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	400 BBLS	HEATED STEEL AST	39.526174,-107.578568

S/AR	SATISFACTORY	Comment:	_____
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Corrective Action:	Corrective Date:
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Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action	Corrective Date
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Comment

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	300 BBLS	HEATED STEEL AST	,

S/AR SATISFACTORY Comment: **Same berm as other condensate tanks**

Corrective Action: _____ Corrective Date: _____

Paint

Condition Adequate

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action _____ Corrective Date _____

Comment _____

Venting:

Yes/No YES

Comment **Bradenhead valves open**

Flaring:

Type _____ Satisfactory/Action Required _____

Comment: _____

Corrective Action: _____ Correct Action Date: _____

Predrill

Location ID: 295980

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

Wildlife BMPs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

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: 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: ND

Workover

Comment: **Drilling permit expired 10/18/2012, Contact COGCC permit staff**

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, Bradenhead venting to 100bbbs tank**

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): N

Comment: _____

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

Reclamation - Storm Water - Pit

Interim Reclamation:

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

Land Use: _____

Comment: _____

1003a. Waste and Debris removed? 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 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
		Culverts	Pass			
		Ditches	Pass			
Berms	Pass					
Compaction	Pass					
		Gravel	Pass			

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: Snow covered access road and location

CA: _____

Pits: NO SURFACE INDICATION OF PIT