

**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:

02/04/2016

Document Number:

674702356

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	416998	416998	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: NWSE Sec: 31 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)
03/19/2015	674701112			SATISFACTORY			No
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"/>

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417013	WELL	PR	09/23/2011	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 Motors: _____	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****Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	Snow packed		
Main	SATISFACTORY	Snow packed		

**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: \_\_\_\_\_

Comment: 970-285-9377

Corrective Action: \_\_\_\_\_

**Good Housekeeping:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

**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
WELLHEAD	SATISFACTORY			
TANK BATTERY	SATISFACTORY			

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SEPARATOR	SATISFACTORY			
<b>Equipment:</b>				
Type: Horizontal Heated Separator	# 15	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:
Type: Plunger Lift	# 13	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required: SATISFACTORY		
Comment	Chemical container at wells			
Corrective Action				Date:
Type: Bird Protectors	# 9	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:

<b>Facilities:</b>				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment: Air id. 045-2163-002	
Corrective Action:				Corrective Date:

<b>Paint</b>	
Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal				
Corrective Action				Corrective Date
Comment				

<b>Facilities:</b>				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
CONDENSATE	3	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment: Air id 045-2163-003	
Corrective Action:				Corrective Date:

<b>Paint</b>	
Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

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<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

<b>Venting:</b>	
Yes/No	NO
Comment	

<b>Flaring:</b>			
Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

**Predrill**

Location ID: 416998

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

**S/AR:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_

CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

Group	User	Comment	Date
Agency	garrisop	Operator must implement best management practices to contain any unintentional release of fluids.	04/23/2010
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

**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: 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

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

**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: RANGELAND

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? \_\_\_\_\_

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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
				MHSP	Pass	
		Ditches	Pass			
Seeding						
Compaction	Pass					
		Culverts	Pass			
Ditches	Pass					

S/A/V: SATISFACTOR

Corrective Date: \_\_\_\_\_

Y

Comment: **limited inspection due to snow cover**

CA: \_\_\_\_\_

**Pits:** ☒ NO SURFACE INDICATION OF PIT