

**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:	<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
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)
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"/>

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 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

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

Multiple Spills and Releases?

Fencing/:

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

SEPARATOR	SATISFACTORY			
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Equipment:

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:

Facilities: 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:

Paint

Condition	Adequate
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	3	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment: Air id 045-2163-003	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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
Comment				

Venting:	
Yes/No	NO
Comment	

Flaring:			
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

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:

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? _____

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
Y

Corrective Date: _____

Comment: limited inspection due to snow cover

CA: _____

Pits: NO SURFACE INDICATION OF PIT