

**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:

03/30/2016

Document Number:

674702558

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335336	335336	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: NWNE Sec: 34 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)
01/29/2016	674702321			SATISFACTORY			No
05/22/2015	674701436			SATISFACTORY			No
02/13/2014	663902787			SATISFACTORY	I		No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
269340	WELL	PR	02/16/2004	GW	045-09352	GM 331-34	PR	<input checked="" type="checkbox"/>
270176	WELL	PR	02/16/2004	GW	045-09480	GM 431-34	PR	<input checked="" type="checkbox"/>
419221	WELL	PR	08/31/2011	GW	045-19904	ExxonMobil GM 441-34	PR	<input checked="" type="checkbox"/>
419237	WELL	PR	08/31/2011	GW	045-19906	ExxonMobil GM 341-34	PR	<input checked="" type="checkbox"/>
419242	WELL	PR	12/08/2011	GW	045-19907	ExxonMobil GM 41-34	PR	<input checked="" type="checkbox"/>
420049	WELL	PR	12/08/2011	GW	045-20094	ExxonMobil GM 531-34	PR	<input checked="" type="checkbox"/>
420051	WELL	PR	10/01/2011	GW	045-20095	ExxonMobil GM 541-34	WK	<input checked="" type="checkbox"/>
424960	PIT		08/23/2011		-	GM 331-34		<input type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: LONGWORTH, MIKE

Special Purpose Pits: <u>1</u>	Drilling Pits: <u> </u>	Wells: <u>7</u>	Production Pits: <u> </u>
Condensate Tanks: <u>2</u>	Water Tanks: <u>2</u>	Separators: <u>7</u>	Electric Motors: <u> </u>
Gas or Diesel Mortors: <u> </u>	Cavity Pumps: <u> </u>	LACT Unit: <u> </u>	Pump Jacks: <u> </u>
Electric Generators: <u> </u>	Gas Pipeline: <u>1</u>	Oil Pipeline: <u> </u>	Water Pipeline: <u>1</u>
Gas Compressors: <u> </u>	VOC Combustor: <u> </u>	Oil Tanks: <u> </u>	Dehydrator Units: <u> </u>
Multi-Well Pits: <u> </u>	Pigging Station: <u> </u>	Flare: <u> </u>	Fuel Tanks: <u> </u>

Location

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

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

Equipment:

Type: Horizontal Heated Separator	# 9	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date: <u> </u>	
Type: Bird Protectors	# 5	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date: <u> </u>	

Inspector Name: LONGWORTH, MIKE

Type: Plunger Lift	# 7	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 045-0891-003
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	2	300 BBLS	STEEL AST	,

S/AR	SATISFACTORY	Comment:	Air id 045-0891-002
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	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
Comment			

Venting:

Yes/No	YES
Comment	Bradens open to vent

Flaring:

Type		Satisfactory/Action Required	
Comment:			

Corrective Action:

Correct Action
Date:**Predrill**

Location ID: 335336

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	kubeczko	Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations. If fluids are conveyed via pipeline, operator must implement best management practices to contain any unintentional release of fluids.	08/11/2010
OGLA	kubeczko	The access road will be constructed as to not allow any sediment to migrate from the access road to nearby surface water or any drainages leading to surface water.	08/11/2010
OGLA	kubeczko	The location is in an area of high run off/run-on potential; therefore the pad shall be constructed to prevent any stormwater run-on and /or stormwater runoff.	08/11/2010
OGLA	kubeczko	No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. The entire base of the pit must be in cut.	08/11/2010
OGLA	kubeczko	The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1.	08/11/2010
OGLA	kubeczko	Reserve pit (or any pit that will hold liquids [if constructed]) must be lined or closed loop system must be implemented during drilling.	08/11/2010

S/AR: SATISFACTORY**Comment:** _____**CA:** _____**Date:** _____**Wildlife BMPs:****S/AR:** _____**Comment:** _____**CA:** _____**Date:** _____**Comment:** _____**Staking:****On Site Inspection (305):****Surface Owner Contact Information:**

Name: _____

Address: _____

Inspector Name: LONGWORTH, MIKE

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: 269340 Type: WELL API Number: 045-09352 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 270176 Type: WELL API Number: 045-09480 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 419221 Type: WELL API Number: 045-19904 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 419237 Type: WELL API Number: 045-19906 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 419242 Type: WELL API Number: 045-19907 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 420049 Type: WELL API Number: 045-20094 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 420051 Type: WELL API Number: 045-20095 Status: PR Insp. Status: WK

Workover

Comment: Pulling tubing out of hole to retrieve a stuck plunger. Monument workover rig

Environmental

Spills/Releases:

Inspector Name: LONGWORTH, MIKE

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: OTHER, RANGELAND	
Comment: _____	

1003a. Waste and Debris removed? _____

CM _____	CA _____	CA Date _____
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Unused or unneeded equipment onsite? _____

CM _____	CA _____	CA Date _____
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Pit, cellars, rat holes and other bores closed? _____

CM _____	CA _____	CA Date _____
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Guy line anchors marked? _____

CM _____	CA _____	CA Date _____
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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

Inspector Name: LONGWORTH, MIKE

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: OTHER, 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
		Culverts	Pass			
Seeding	Pass					
		Ditches	Pass			
Ditches	Pass					
Gravel	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
	424960	1642052	

424960	1642052	
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