

**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:

04/15/2016

Document Number:

674702612

Overall Inspection:

SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335123	335123	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:	Sec:	Twp:	Range:
SENW	25	6S	95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/27/2015	674702115			SATISFACTORY			No
01/09/2015	674700832			ACTION REQUIRED			No
09/23/2014	674700348			SATISFACTORY			No
03/07/2013	668100190			ACTION REQUIRED			No
01/17/2013	668100183			ALLEGED VIOLATION	F		Yes
10/16/2012	668100136			ALLEGED VIOLATION			Yes
04/01/2011	200304958	SR	PR	ACTION REQUIRED			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
293380	WELL	PR	01/01/2009	GW	045-14950	NAUGLE PA 22-25	PR <input checked="" type="checkbox"/>
293381	WELL	PR	07/31/2008	GW	045-14951	NAUGLE PA 24-25R	PR <input checked="" type="checkbox"/>
293382	WELL	PR	07/31/2008	GW	045-14952	NAUGLE PA 423-25	PR <input checked="" type="checkbox"/>
293383	WELL	DA	03/15/2008	DA	045-14953	NAUGLE PA 24-25	DA <input type="checkbox"/>
295093	WELL	PR	07/31/2008	GW	045-15646	NAUGLE PA 33-25	PR <input checked="" type="checkbox"/>
300729	WELL	PR	02/16/2011	GW	045-17983	TRI STATE TRUCKING PA 422-25	PR <input checked="" type="checkbox"/>

300730	WELL	PR	02/16/2011	GW	045-17984	TRI STATE TRUCKING PA 322-25	PR	<input checked="" type="checkbox"/>
300731	WELL	PR	07/31/2010	GW	045-17985	TRI STATE TRUCKING PA 332-25	PR	<input checked="" type="checkbox"/>
300732	WELL	PR	07/31/2010	GW	045-17986	TRI STATE TRUCKING PA 532-25	PR	<input checked="" type="checkbox"/>
300733	WELL	PR	02/16/2011	GW	045-17987	TRI STATE TRUCKING PA 32-25	PR	<input checked="" type="checkbox"/>
300734	WELL	PR	07/31/2010	GW	045-17988	TRI STATE TRUCKING PA 432-25	PR	<input checked="" type="checkbox"/>
300735	WELL	PR	02/16/2011	GW	045-17989	TRI STATE TRUCKING PA 533-25	PR	<input checked="" type="checkbox"/>
300736	WELL	PR	08/30/2010	GW	045-17990	TRI STATE TRUCKING PA 433-25	PR	<input checked="" type="checkbox"/>
300737	WELL	PR	07/31/2010	GW	045-17991	TRI STATE TRUCKING PA 333-25	PR	<input checked="" type="checkbox"/>
300738	WELL	PR	09/30/2010	GW	045-17992	TRI STATE TRUCKING PA 523-25	PR	<input checked="" type="checkbox"/>
300739	WELL	PR	02/16/2011	GW	045-17993	TRI STATE TRUCKING PA 323-25	PR	<input checked="" type="checkbox"/>
300740	WELL	PR	02/16/2011	GW	045-17994	TRI STATE TRUCKING PA 23-25	PR	<input checked="" type="checkbox"/>

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

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
CONTAINERS	SATISFACTORY			
BATTERY	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
<input type="checkbox"/> Multiple Spills and Releases?				

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

Equipment:					
Type: Plunger Lift	# 16	Satisfactory/Action Required:	SATISFACTORY		
Comment					
Corrective Action				Date:	
Type: Horizontal Heated Separator	# 16	Satisfactory/Action Required:	SATISFACTORY		
Comment					
Corrective Action				Date:	
Type: Bird Protectors	# 8	Satisfactory/Action Required:	SATISFACTORY		
Comment					
Corrective Action				Date:	
Type: Ancillary equipment	# 3	Satisfactory/Action Required:	SATISFACTORY		
Comment	Chemical containers				
Corrective Action				Date:	

Facilities:					
<input type="checkbox"/> New Tank		Tank ID: _____			
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	<100 BBLS	STEEL AST	,	
S/AR	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	

Paint	
Condition	Adequate
Other (Content)	_____
Other (Capacity)	80 bbl
Other (Type)	_____

Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	

Comment	
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Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 BBLS	STEEL AST	,

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 Sufficent	Base Sufficient	Adequate

Corrective Action		Corrective Date	
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Comment	
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Facilities: New Tank Tank ID: _____

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

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 Sufficent	Base Sufficient	Adequate

Corrective Action		Corrective Date	
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Comment	
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Venting:

Yes/No	
Comment	

Flaring:

Type	Satisfactory/Action Required
Comment:	
Corrective Action:	Correct Action Date:

Predrill

Location ID: 335123

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: 293380 Type: WELL API Number: 045-14950 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 293381 Type: WELL API Number: 045-14951 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 293382 Type: WELL API Number: 045-14952 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 295093	Type: WELL	API Number: 045-15646	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 300729	Type: WELL	API Number: 045-17983	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 300730	Type: WELL	API Number: 045-17984	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 300731	Type: WELL	API Number: 045-17985	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 300732	Type: WELL	API Number: 045-17986	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 300733	Type: WELL	API Number: 045-17987	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 300734	Type: WELL	API Number: 045-17988	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 300735	Type: WELL	API Number: 045-17989	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 300736	Type: WELL	API Number: 045-17990	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 300737	Type: WELL	API Number: 045-17991	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 300738	Type: WELL	API Number: 045-17992	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 300739	Type: WELL	API Number: 045-17993	Status: PR	Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 300740 Type: WELL API Number: 045-17994 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:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

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. 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? _____
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: _____

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
		Compaction	Pass			
Seeding	Pass					
		Gravel	Pass			
Compaction	Pass					
Ditches	Pass					
		Ditches	Pass			
		Culverts	Pass			

				MHSP	Pass	
Gravel	Pass					

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT