

**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:

04/19/2016

Document Number:

685300367

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	214199	333537	St John, William (Cal)	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 96705Name of Operator: WPX ENERGY PRODUCTION LLCAddress: P O BOX 3102 MS-25-2City: TULSA State: OK Zip: 74101

- ☐ 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
Labowskie, Steve		steve.labowskie@state.co.us	COGCC
Inspection, WPX	970-263-2716	COGCCInspectionReportsSanJuan@wpxenergy.com	WPX Inspection Mailbox

Compliance Summary:QtrQtr: SENW Sec: 4 Twp: 33N Range: 9W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/13/2014	667700450	PR	PR	ACTION REQUIRED	I		No
01/12/2012	661700115	PR	PR	ACTION REQUIRED			No
11/13/2009	200222041	PR	PR	SATISFACTORY			No
07/11/2007	200120621	PR	PR	SATISFACTORY			No
02/15/2006	200088389	PR	PR	SATISFACTORY		Pass	No
10/05/2004	200065539	PR	PR	SATISFACTORY		Pass	No
03/13/2003	200037972	PR	PR	SATISFACTORY		Pass	No
09/11/2001	200020698	PR	PR	SATISFACTORY		Pass	No
04/19/2000	200006260	BH	PR	ACTION REQUIRED		Fail	Yes
12/22/1997	500146981	PR	PR			Pass	No
02/13/1996	500146980	PR	PR				Yes
10/24/1994	500146979	PR	PR			Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
214199	WELL	PR	05/19/2010	GW	067-05521	BONDAD 33-9 10	PR	<input checked="" type="checkbox"/>
215423	WELL	PR	11/11/2015	GW	067-07028	PETER PHILLIPS A 1	PR	<input type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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
Access	SATISFACTORY			

Signs/Marker:

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

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
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
PIT	SATISFACTORY	Post and Hog Wire		
WELLHEAD	SATISFACTORY	Steel Post		

Equipment:

Type: Other	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	Cathodic Protection Equipment		
Corrective Action			Date:
Type: Vertical Heated Separator	# 0	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Flow Line	# 1	Satisfactory/Action Required:	SATISFACTORY

Comment			
Corrective Action		Date:	
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		Wellhead	
Corrective Action		Date:	
Type: Pump Jack	# 0	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Compressor	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Bird Protectors	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Horizontal Heated Separator	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		Chemical Tank and Pump on Secondary Containment.	
Corrective Action		Date:	

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	OTHER	PBV STEEL		
S/AR	SATISFACTORY		Comment: Steel Mesh Topped		
Corrective Action:					Corrective Date:
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) 125 BBLS					
Other (Type) _____					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action					Corrective Date
Comment					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	

Inspector Name: St John, William (Cal)

Contents		#	Capacity	Type	SE GPS		
PRODUCED WATER		1	OTHER	PBV STEEL	,		
S/AR	SATISFACTORY		Comment: Covered with Netting				
Corrective Action:						Corrective Date:	
<u>Paint</u>							
Condition		Adequate					
Other (Content) _____							
Other (Capacity) 125 BBLS							
Other (Type) _____							
<u>Berms</u>							
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance			
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate			
Corrective Action					Corrective Date		
Comment							
<u>Venting:</u>							
Yes/No	NO						
Comment							
<u>Flaring:</u>							
Type				Satisfactory/Action Required			
Comment:							
Corrective Action:					Correct Action Date:		

Predrill

Location ID: 214199

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: 214199 Type: WELL API Number: 067-05521 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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? Pass

CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass

CM _____

CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? Pass

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? In

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION**Cropland**

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation In

1003 f. Weeds Noxious weeds? P

Comment: _____


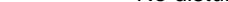
Overall Interim Reclamation	In Process
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Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Reminder:

Comment:	
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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
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Overall Final Reclamation Well Release on Active Location Multi-Well Location

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Culverts	Pass			
Berms	Pass	Ditches	Pass			
Compaction	Pass	Compaction	Pass	MHSP	Pass	
		Gravel	Pass			

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT