

**FORM
INSP**Rev
05/11**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
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Inspection Date:

03/14/2012

Document Number:

661700176

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|---------------|----------------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: LABOWSKIE, STEVE |
| | 214166 | 333518 | | |

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

| Contact Name | Phone | Email | Comment |
|----------------|----------------|------------------------------|------------|
| Mitchell, Ben | (505) 947-4975 | ben.mitchell@wpxenergy.com | Production |
| Granillo, Lacy | (505) 333-1816 | lacey.granillo@wpxenergy.com | Permitting |

Compliance Summary:QtrQtr: SWNE Sec: 7 Twp: 33N Range: 9W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 10/26/2010 | 200281168 | PR | PR | S | | | N |
| 02/29/2008 | 200127461 | PR | PR | S | | | N |
| 07/25/2007 | 200120665 | PR | PR | S | | | N |
| 03/07/2006 | 200088522 | PR | PR | S | | P | N |
| 10/14/2004 | 200065564 | PR | PR | S | | P | N |
| 04/02/2003 | 200037989 | PR | PR | S | | P | N |
| 09/13/2001 | 200021611 | PR | PR | S | | P | N |
| 04/17/2000 | 200006785 | BH | PR | S | | P | N |
| 09/24/1999 | 500146890 | CO | PR | | | P | N |
| 09/10/1999 | 200010314 | ES | PR | S | | F | Y |
| 09/10/1999 | 500146889 | CO | PR | | | F | Y |
| 12/30/1997 | 500146888 | PR | PR | | | P | N |
| 04/23/1996 | 500146887 | BH | PR | | | P | N |
| 02/15/1996 | 500146885 | PR | PR | | | | N |
| 05/24/1995 | 500146884 | BH | PR | | | | N |
| 10/20/1994 | 500146886 | PR | PR | | | F | Y |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|-------|--------|-------------|------------|-----------|----------------|---|
| 21793 | LEASE | PR | 09/20/1995 | | - | BONDAD 33-9 #6 | |
| 214166 | WELL | PR | 11/11/1955 | GW | 067-05486 | BONDAD 33-9 6 | X |

Inspector Name: LABOWSKIE, STEVE

| | | | | | | | |
|--------|----------|----|------------|----|-----------|-----------------------------|--------------------------|
| 215306 | WELL | PR | 12/17/1987 | GW | 067-06911 | LYLE SHORT GAS UNIT A 1 | <input type="checkbox"/> |
| 333518 | LOCATION | AC | 04/14/2009 | | - | BONDAD 33-9-N33N9W 7SWNE | <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**Signs/Marker:**

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-------------------------|-----------------------------|---------|---|------------|
| TANK LABELS/PLACARDS | Unsatisfactory | | Install signs to comply with rule 210.d. | 05/01/2012 |
| WELLHEAD | Satisfactory | | | |

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

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

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------|-----------------------------|-------------------------------------|-------------------|---------|
| LOCATION | | chain link w/ barbed wire on top | | |

Equipment:

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|--------------------------------|---|-----------------------------|---------------------------|-------------------|---------|
| Pig Station | 1 | | outside location fence | | |
| Ancillary equipment | 2 | | AC panels | | |
| Horizontal Heater Treater | 1 | | | | |
| Horizontal Heated Separator | 1 | | | | |
| Compressor | 1 | | enclosed | | |

Tanks/Berms:☐ New Tank

Tank ID: _____

| | | | | |
|----------------|---|----------|----------|--------|
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 2 | OTHER | BV STEEL | , |

| | | | |
|--------|--|----------|--------------------------|
| S/U/V: | | Comment: | open top with steel mesh |
|--------|--|----------|--------------------------|

| | | | |
|--------------------|------------------------|------------------|--|
| Corrective Action: | both tanks need labels | Corrective Date: | |
|--------------------|------------------------|------------------|--|

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| | | | | |
|-------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate |

| | | | |
|-------------------|--|-----------------|--|
| Corrective Action | | Corrective Date | |
|-------------------|--|-----------------|--|

| | |
|---------|--|
| Comment | |
|---------|--|

| | | |
|-----------------|---------|--|
| Venting: | | |
| Yes/No | Comment | |
| | | |

| | | | | |
|-----------------|-----------------------------|---------|-------------------|---------|
| Flaring: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 333518

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Wildlife BMPs:****Stormwater:****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:**Well**

Facility ID: 214166 API Number: 067-05486 Status: PR Insp. Status: 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: _____

Inspector Name: LABOWSKIE, STEVE

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. Debris removed? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____

CA _____ CA Date _____

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

CA _____ CA Date _____

Guy line anchors removed? _____ 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 _____ Pass _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Inspector Name: LABOWSKIE, STEVE

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

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|--|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |
| S/U/V: Satisfactory Corrective Date: _____ | | | | | | |
| Comment: _____ | | | | | | |
| CA: _____ | | | | | | |