

**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



|    |    |    |    |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:

06/27/2012

Document Number:

661700410

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |               |                         |
|---------------------|---------------|---------------|---------------|-------------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name:         |
|                     | <u>214645</u> | <u>325365</u> |               | <u>LABOWSKIE, STEVE</u> |

**Operator Information:**

OGCC Operator Number: 96705 Name of Operator: WPX ENERGY PRODUCTION LLC

Address: P O BOX 3102 MS-25-2

City: TULSA State: OK Zip: 74101

**Contact Information:**

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

**Compliance Summary:**

| Qtr/Qtr:   | <u>NENE</u> | Sec:       | <u>26</u>   | Twp:                         | <u>33N</u> | Range:         | <u>8W</u>       |
|------------|-------------|------------|-------------|------------------------------|------------|----------------|-----------------|
| Insp. Date | Doc Num     | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I   | Pas/Fail (P/F) | Violation (Y/N) |
| 06/07/2007 | 200120549   | PR         | PR          | S                            |            |                | N               |
| 02/07/2006 | 200088325   | PR         | PR          | S                            |            | P              | N               |
| 02/12/2004 | 200052826   | PR         | PR          | S                            |            | P              | N               |
| 10/01/2003 | 200047123   | BH         | PR          | S                            |            | P              | N               |
| 10/01/2003 | 200046686   | BH         | PR          | S                            |            |                |                 |
| 03/06/2003 | 200037944   | PR         | PR          | S                            |            | P              | N               |
| 08/14/2001 | 200020576   | PR         | PR          | S                            |            | P              | N               |
| 06/20/2000 | 200007547   | PR         | PR          | S                            |            | P              | N               |
| 02/19/1998 | 500147640   | PR         | PR          |                              |            | P              | N               |
| 03/27/1996 | 500147639   | PR         | PR          |                              |            | F              | Y               |
| 07/25/1994 | 500147638   | PR         | PR          |                              |            | P              | N               |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name      |                                     |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------------------------------|
| 214645      | WELL | PR     | 01/10/2006  | GW         | 067-06249 | DOCAR GAS UNIT 2-A | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

Inspector Name: LABOWSKIE, STEVE

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| 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**

**Signs/Marker:**

| Type                 | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------------------|-----------------------------|---------|-------------------|---------|
| TANK LABELS/PLACARDS | Satisfactory                |         |                   |         |
| 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 |
|--------------|-----------------------------|---------|-------------------|---------|
| TANK BATTERY | Satisfactory                |         |                   |         |

**Equipment:**

| Type                        | # | Satisfactory/Unsatisfactory | Comment  | Corrective Action | CA Date |
|-----------------------------|---|-----------------------------|----------|-------------------|---------|
| Flow Line                   | 1 |                             |          |                   |         |
| Horizontal Heated Separator | 1 |                             |          |                   |         |
| Compressor                  | 1 |                             |          |                   |         |
| Bird Protectors             | 2 | Satisfactory                |          |                   |         |
| Horizontal Separator        | 1 |                             |          |                   |         |
| Gas Meter Run               | 1 |                             |          |                   |         |
| Ancillary equipment         | 1 |                             | cathodic |                   |         |

|                        |                             |                                   |   |                      |  |
|------------------------|-----------------------------|-----------------------------------|---|----------------------|--|
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank |   | Tank ID: _____       |  |
| Contents               | #                           | Capacity                          | Type  | SE GPS               |  |
| PRODUCED WATER         | 1                           | OTHER                             | Open Top  | 37.081190,107.680890 |  |
| S/U/V:                 | Satisfactory                |                                   | Comment:  |                      |  |
| Corrective Action:     |                             |                                   |   | Corrective Date:     |  |
| <u>Paint</u>           |                             |                                   |   |                      |  |
| Condition              | Adequate                    |                                   |   |                      |  |
| Other (Content) _____  |                             |                                   |   |                      |  |
| Other (Capacity) _____ |                             |                                   |   |                      |  |
| Other (Type) _____     |                             |                                   |   |                      |  |
| <u>Berms</u>           |                             |                                   |   |                      |  |
| Type                   | Capacity                    | Permeability (Wall)               | Permeability (Base)                             | Maintenance          |  |
| Earth                  | Adequate                    | Walls Sufficient                  | Base Sufficient                                 | Adequate             |  |
| Corrective Action      |                             |                                   |   | Corrective Date      |  |
| Comment                |                             |                                   |   |                      |  |
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank |   | Tank ID: _____       |  |
| Contents               | #                           | Capacity                          | Type  | SE GPS               |  |
| LUBE OIL               | 1                           | OTHER                             |   | ,                    |  |
| S/U/V:                 |                             |                                   | Comment: on compressor, labels ok, no secondary |                      |  |
| Corrective Action:     |                             |                                   |   | Corrective Date:     |  |
| <u>Paint</u>           |                             |                                   |   |                      |  |
| Condition              |                             |                                   |   |                      |  |
| Other (Content) _____  |                             |                                   |   |                      |  |
| Other (Capacity) _____ |                             |                                   |   |                      |  |
| Other (Type) _____     |                             |                                   |   |                      |  |
| <u>Berms</u>           |                             |                                   |   |                      |  |
| Type                   | Capacity                    | Permeability (Wall)               | Permeability (Base)                             | Maintenance          |  |
|                        |                             |                                   |   |                      |  |
| Corrective Action      |                             |                                   |   | Corrective Date      |  |
| Comment                |                             |                                   |   |                      |  |
| <b>Venting:</b>        |                             |                                   |   |                      |  |
| Yes/No                 | Comment                     |                                   |   |                      |  |
|                        |                             |                                   |   |                      |  |
| <b>Flaring:</b>        |                             |                                   |   |                      |  |
| Type                   | Satisfactory/Unsatisfactory | Comment                           | Corrective Action                               | CA Date              |  |
|                        |                             |                                   |   |                      |  |

**Predrill**

Location ID: 325365

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:****Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Stormwater:**

|              |         |            |         |
|--------------|---------|------------|---------|
| Erosion BMPs | Present | Other BMPs | Present |
|              |         |            |         |

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: Erosion BMPs: \_\_\_\_\_

Other BMPs: \_\_\_\_\_

**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: 214645 Type: WELL API Number: 067-06249 Status: PR Insp. Status: PR

**Producing Well**

Comment: \_\_\_\_\_

**Environmental****Spills/Releases:**

Inspector Name: LABOWSKIE, STEVE

|  |                              |                               |
|--|------------------------------|-------------------------------|
| Type of Spill: _____   | Description: _____           | Estimated Spill Volume: _____ |
| Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |                              |                               |
| Corrective Action: _____   |                              | Date: _____                   |
| Reportable: _____  | GPS: Lat _____               | Long _____                    |
| Proximity to Surface Water: _____  | Depth to Ground Water: _____ |                               |

|                        |                   |             |            |
|------------------------|-------------------|-------------|------------|
| <b>Water Well:</b>     |                   | 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: \_\_\_\_\_

Comment:

1003a. Debris removed? Pass CM \_\_\_\_\_ CA \_\_\_\_\_ CA Date \_\_\_\_\_

Waste Material Onsite? 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 removed? Pass CM \_\_\_\_\_ CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors marked? \_\_\_\_\_ 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

Inspector Name: LABOWSKIE, STEVE

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 Pass

**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

**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: \_\_\_\_\_