

**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



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

07/12/2012

Document Number:

663800430

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------|------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | <u>290103</u> | <u>334947</u> | | <u>LONGWORTH, MIKE</u> |

Operator Information:OGCC Operator Number: 96850 Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLCAddress: 1001 17TH STREET - SUITE #1200City: DENVERState: COZip: 80202**Contact Information:**

| | | | |
|--------------|----------------|------------------------|--------------------|
| Contact Name | Phone | Email | Comment |
| Moss, Brad | (970) 285-9377 | Brad.Moss@Williams.com | Production foreman |

Compliance Summary:QtrQtr: SESW Sec: 36 Twp: 6S Range: 96W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 08/09/2011 | 200318897 | RT | AC | S | | | N |
| 07/14/2010 | 200262194 | RT | AC | S | | | N |
| 03/06/2009 | 200205227 | PR | PR | S | | | N |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------------------------------|
| 256882 | WELL | PR | 07/18/2000 | GW | 045-07502 | BARRETT GM 24-36 | <input checked="" type="checkbox"/> |
| 290101 | WELL | PR | 04/11/2007 | GW | 045-13981 | WILLIAMS GM 225-36 | <input checked="" type="checkbox"/> |
| 290102 | WELL | PR | 04/11/2007 | GW | 045-13980 | WILLIAMS GM 424-36 | <input checked="" type="checkbox"/> |
| 290103 | WELL | IJ | 07/13/2011 | DSPW | 045-13979 | WILLIAMS GM 523-36 | <input checked="" type="checkbox"/> |
| 290104 | WELL | PR | 04/11/2007 | GW | 045-13982 | WILLIAMS GM 513-36 | <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/Unsatisfactory | comment | Corrective Action | Date |
| Access | Satisfactory | | | |

| | | | | |
|-------------------------|-----------------------------|---------|-------------------|---------|
| Signs/Marker: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Satisfactory | | | |
| BATTERY | Satisfactory | | | |
| TANK LABELS/PLACARDS | Satisfactory | | | |
| CONTAINERS | Satisfactory | | | |

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

| | | | | |
|---------------------------|-----------------------------|---------|-------------------|---------|
| Good Housekeeping: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| TRASH | Satisfactory | | | |

| | | | | |
|--|------|--------|-------------------|---------|
| Spills: | | | | |
| Type | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| | | | | |
|------------------|-----------------------------|---|---------------------------|------------|
| Fencing/: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| LOCATION | Unsatisfactory | Barb wire fence is down and poses a treat to wild life. | Repair or pick up fencing | 07/16/2012 |

| | | | | | |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| Equipment: | | | | | |
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Horizontal Heated Separator | 5 | Satisfactory | | | |
| Bird Protectors | 3 | Satisfactory | | | |
| Plunger Lift | 4 | Satisfactory | | | |

Inspector Name: LONGWORTH, MIKE

| | | | | | |
|------------------------|-----------------------------|-----------------------------------|---------------------|------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| CONDENSATE | 1 | <100 BBLS | STEEL AST | , | |
| S/U/V: | Satisfactory | | Comment: | | |
| Corrective Action: | | | | Corrective Date: | |
| Paint | | | | | |
| Condition | Adequate | | | | |
| 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 | | Comment | | | |
| | | | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| | | | | | |

Predrill

Location ID: 334947

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: 256882 Type: WELL API Number: 045-07502 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 290101 Type: WELL API Number: 045-13981 Status: PR Insp. Status: PR

Producing WellComment: Facility ID: 290102 Type: WELL API Number: 045-13980 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 290103 Type: WELL API Number: 045-13979 Status: IJ Insp. Status: AC**Underground Injection Control**UIC Violation: Maximum Injection Pressure: **UIC Routine**Inj./Tube: Pressure or inches of Hg 1294 Previous Test Pressure MPP
(e.g. 30 psig or -30" Hg) Inj Zone: MVRDTC: Pressure or inches of Hg 3 Previous Test Pressure Last MIT: 04/22/2009Brhd: Pressure or inches of Hg 0 Previous Test Pressure AnnMTRReq: Comment: Method of Injection: PUMP FEEDTest Type: Tbg psi: Csg psi: BH psi: Insp. Status: Comment: Facility ID: 290104 Type: WELL API Number: 045-13982 Status: PR Insp. Status: PR**Producing Well**Comment: **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. 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 REVEGETATIONCropland

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 _____

Inspector Name: LONGWORTH, MIKE

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Seeding | | Ditches | Pass | | | |
| Berms | Pass | Culverts | Pass | | | |

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____