

**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:

11/23/2012

Document Number:

663800600

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |               |                        |
|---------------------|---------------|---------------|---------------|------------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name:        |
|                     | <u>290562</u> | <u>334748</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@wpxenergy.com | Production foreman |

**Compliance Summary:**QtrQtr: NESW Sec: 32 Twp: 6S Range: 94W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 03/03/2010 | 200235908 | PR         | PR          | S                            |          |                | N               |
| 01/09/2009 | 200202336 | PR         | PR          | U                            |          |                | Y               |
| 12/19/2008 | 200201662 | PR         | PR          | S                            |          |                | N               |
| 10/08/2008 | 200202795 | CO         | PR          | S                            |          |                | N               |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name    |   |
|-------------|------|--------|-------------|------------|-----------|------------------|---|
| 290549      | WELL | PR     | 02/16/2011  | GW         | 045-14153 | WELLS RWF 24-32  | X |
| 290550      | WELL | PR     | 09/28/2008  | GW         | 045-14152 | WELLS RWF 424-32 | X |
| 290551      | WELL | PR     | 09/30/2008  | GW         | 045-14151 | WELLS RWF 524-32 | X |
| 290552      | WELL | PR     | 05/11/2007  | GW         | 045-14150 | WELLS RWF 413-32 | X |
| 290553      | WELL | PR     | 05/11/2007  | GW         | 045-14149 | WELLS RWF 313-32 | X |
| 290554      | WELL | PR     | 05/11/2007  | GW         | 045-14148 | WELLS RWF 513-32 | X |
| 290555      | WELL | PR     | 05/11/2007  | GW         | 045-14147 | WELLS RWF 14-32  | X |
| 290556      | WELL | PR     | 05/11/2007  | GW         | 045-14146 | WELLS RWF 314-32 | X |
| 290557      | WELL | PR     | 01/31/2008  | GW         | 045-14145 | WELLS RWF 414-32 | X |
| 290558      | WELL | PR     | 05/11/2007  | GW         | 045-14144 | WELLS RWF 323-32 | X |
| 290559      | WELL | PR     | 05/11/2007  | GW         | 045-14143 | WELLS RWF 23-32  | X |
| 290560      | WELL | PR     | 06/30/2008  | GW         | 045-14142 | WELLS RWF 523-32 | X |
| 290561      | WELL | PR     | 09/30/2008  | GW         | 045-14141 | WELLS RWF 423-32 | X |
| 290562      | WELL | PR     | 10/19/2008  | GW         | 045-14140 | WELLS RWF 324-32 | X |
| 292165      | WELL | PR     | 09/06/2007  | GW         | 045-14611 | WELLS RWF 13-32  | X |

**Equipment:**Location Inventory

Inspector Name: LONGWORTH, MIKE

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 |
|----------------------|-----------------------------|---------|-------------------|---------|
| TANK LABELS/PLACARDS | Satisfactory                |         |                   |         |
| CONTAINERS           | Satisfactory                |         |                   |         |
| BATTERY              | Satisfactory                |         |                   |         |
| WELLHEAD             | 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 |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

#### Fencing/:

| Type         | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|--------------|-----------------------------|---------|-------------------|---------|
| WELLHEAD     | Satisfactory                |         |                   |         |
| TANK BATTERY | Satisfactory                |         |                   |         |
| SEPARATOR    | Satisfactory                |         |                   |         |

#### Equipment:

| Type                        | #  | Satisfactory/Unsatisfactory | Comment                   | Corrective Action      | CA Date    |
|-----------------------------|----|-----------------------------|---------------------------|------------------------|------------|
| Plunger Lift                | 15 | Satisfactory                |                           |                        |            |
| Bird Protectors             | 9  | Satisfactory                |                           |                        |            |
| Deadman # & Marked          | 1  | Unsatisfactory              |                           | Mark or remove deadman | 12/31/2012 |
| Horizontal Heated Separator | 15 | Satisfactory                | 3 quads 1 double 1 single |                        |            |

|                        |                             |                                   |                     |                      |  |
|------------------------|-----------------------------|-----------------------------------|---------------------|----------------------|--|
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank |                     | Tank ID: _____       |  |
| Contents               | #                           | Capacity                          | Type                | SE GPS               |  |
| PRODUCED WATER         | 2                           | 300 BBLS                          | STEEL AST           |                      |  |
| S/U/V:                 | Satisfactory                |                                   | Comment:            |                      |  |
| Corrective Action:     |                             |                                   |                     | Corrective Date:     |  |
| <b>Paint</b>           |                             |                                   |                     |                      |  |
| Condition              | Adequate                    |                                   |                     |                      |  |
| Other (Content) _____  |                             |                                   |                     |                      |  |
| Other (Capacity) _____ |                             |                                   |                     |                      |  |
| Other (Type) _____     |                             |                                   |                     |                      |  |
| <b>Berms</b>           |                             |                                   |                     |                      |  |
| Type                   | Capacity                    | Permeability (Wall)               | Permeability (Base) | Maintenance          |  |
|                        |                             |                                   |                     |                      |  |
| Corrective Action      |                             |                                   |                     | Corrective Date      |  |
| Comment                |                             |                                   |                     |                      |  |
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank |                     | Tank ID: _____       |  |
| Contents               | #                           | Capacity                          | Type                | SE GPS               |  |
| CONDENSATE             | 3                           | 300 BBLS                          | STEEL AST           | 39.480400,107.911730 |  |
| S/U/V:                 | Satisfactory                |                                   | Comment:            |                      |  |
| Corrective Action:     |                             |                                   |                     | Corrective Date:     |  |
| <b>Paint</b>           |                             |                                   |                     |                      |  |
| Condition              | Adequate                    |                                   |                     |                      |  |
| Other (Content) _____  |                             |                                   |                     |                      |  |
| Other (Capacity) _____ |                             |                                   |                     |                      |  |
| Other (Type) _____     |                             |                                   |                     |                      |  |
| <b>Berms</b>           |                             |                                   |                     |                      |  |
| Type                   | Capacity                    | Permeability (Wall)               | Permeability (Base) | Maintenance          |  |
| Metal                  | Adequate                    | Walls Sufficent                   | Base Sufficient     | Adequate             |  |
| Corrective Action      |                             |                                   |                     | Corrective Date      |  |
| Comment                |                             |                                   |                     |                      |  |
| <b>Venting:</b>        |                             |                                   |                     |                      |  |
| Yes/No                 | Comment                     |                                   |                     |                      |  |
| YES                    | Bradens venting             |                                   |                     |                      |  |
| <b>Flaring:</b>        |                             |                                   |                     |                      |  |
| Type                   | Satisfactory/Unsatisfactory | Comment                           | Corrective Action   | CA Date              |  |
| Ignitor/Combustor      | Satisfactory                |                                   |                     |                      |  |

**Predrill**

Location ID: 334748

**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: 290549 Type: WELL API Number: 045-14153 Status: PR Insp. Status: PR

**Producing Well**

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

Facility ID: 290550 Type: WELL API Number: 045-14152 Status: PR Insp. Status: PR

|                               |            |                       |            |                  |
|-------------------------------|------------|-----------------------|------------|------------------|
| <b>Producing Well</b>         |            |                       |            |                  |
| Comment: <input type="text"/> |            |                       |            |                  |
| Facility ID: 290551           | Type: WELL | API Number: 045-14151 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>         |            |                       |            |                  |
| Comment: <input type="text"/> |            |                       |            |                  |
| Facility ID: 290552           | Type: WELL | API Number: 045-14150 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>         |            |                       |            |                  |
| Comment: <input type="text"/> |            |                       |            |                  |
| Facility ID: 290553           | Type: WELL | API Number: 045-14149 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>         |            |                       |            |                  |
| Comment: <input type="text"/> |            |                       |            |                  |
| Facility ID: 290554           | Type: WELL | API Number: 045-14148 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>         |            |                       |            |                  |
| Comment: <input type="text"/> |            |                       |            |                  |
| Facility ID: 290555           | Type: WELL | API Number: 045-14147 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>         |            |                       |            |                  |
| Comment: <input type="text"/> |            |                       |            |                  |
| Facility ID: 290556           | Type: WELL | API Number: 045-14146 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>         |            |                       |            |                  |
| Comment: <input type="text"/> |            |                       |            |                  |
| Facility ID: 290557           | Type: WELL | API Number: 045-14145 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>         |            |                       |            |                  |
| Comment: <input type="text"/> |            |                       |            |                  |
| Facility ID: 290558           | Type: WELL | API Number: 045-14144 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>         |            |                       |            |                  |
| Comment: <input type="text"/> |            |                       |            |                  |
| Facility ID: 290559           | Type: WELL | API Number: 045-14143 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>         |            |                       |            |                  |
| Comment: <input type="text"/> |            |                       |            |                  |
| Facility ID: 290560           | Type: WELL | API Number: 045-14142 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>         |            |                       |            |                  |
| Comment: <input type="text"/> |            |                       |            |                  |
| Facility ID: 290561           | Type: WELL | API Number: 045-14141 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>         |            |                       |            |                  |
| Comment: <input type="text"/> |            |                       |            |                  |

Facility ID: 290562 Type: WELL API Number: 045-14140 Status: PR Insp. Status: PR

**Producing Well**Comment: 

Facility ID: 292165 Type: WELL API Number: 045-14611 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:**

Lat Long

DWR Receipt Num: Owner Name: GPS :

**Field Parameters:**Sample Location: **Complaint:**

| Tracking Num | Category | Assigned To     | Description   | Incident Date |
|--------------|----------|-----------------|---|---------------|
| 200128239    | DUST     | KELLERBY, SHAUN | Dust coming from traffic on CR 309 in Garfield County | 03/18/2008    |

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 Date

Waste Material Onsite? Pass CM CA Date

CA Date

Unused or unneeded equipment onsite? Pass CM

CA Date

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

CA Date

Guy line anchors removed? Fail CM \_\_\_\_\_  
CA Mark or remove CA Date 12/31/2012  
Guy line anchors marked? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_

1003b. Area no longer in use? In Production areas stabilized ? Pass  
1003c. Compacted areas have been cross ripped? Pass  
1003d. Drilling pit closed? Pass 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? P

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

Overall Interim Reclamation In Process

|   |   |   |                        |
|---|---|---|------------------------|
| 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 _____                               |   | Multi-Well Location <input type="checkbox"/>    |                        |

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Berms            | Pass            | Berms                   |                       |               |                          |         |
| Gravel           | Pass            | Gravel                  |                       |               |                          |         |
| Compaction       | Pass            | Compaction              |                       |               |                          |         |

Inspector Name: LONGWORTH, MIKE

|   |      |         |  |  |  |  |
|---|------|---------|--|--|--|--|
| Ditches   | Pass | Ditches |  |  |  |  |
| S/U/V: <u>Satisfactory</u> Corrective Date: _____ |      |         |  |  |  |  |
| Comment: _____                                    |      |         |  |  |  |  |
| CA: _____   |      |         |  |  |  |  |