

**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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Inspection Date:

03/26/2013

Document Number:

663800861

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	276499	335125	LONGWORTH, MIKE	<input type="checkbox"/> 2A Doc Num: _____

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
Gardner, Michael	970/285-9377 ext. 2760	Michael.Gardner@WPXEnerg y.com	Principal Environmental Specialist

Compliance Summary:QtrQtr: NWNW Sec: 28 Twp: 6S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/27/2011	200321574	PR	PR	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
276498	WELL	PR	08/29/2005	OW	045-10480	FEDERAL PA 11-28	<input checked="" type="checkbox"/>
276499	WELL	PR	08/17/2005	GW	045-10479	FEDERAL PA 311-28	<input checked="" type="checkbox"/>
283728	WELL	PR	10/24/2006	GW	045-11981	FEDERAL PA 511-28	<input checked="" type="checkbox"/>
283729	WELL	PR	10/25/2006	GW	045-11980	FEDERAL PA 411-28	<input checked="" type="checkbox"/>
283730	WELL	PR	08/03/2006	GW	045-11979	FEDERAL PA 414-21	<input checked="" type="checkbox"/>
283731	WELL	PR	03/09/2006	GW	045-11978	FEDERAL RA 514-21	<input checked="" type="checkbox"/>
421698	WELL	PR	05/01/2012	GW	045-20426	Federal PA 541-29	<input checked="" type="checkbox"/>
421712	WELL	PR	05/01/2012	GW	045-20430	Federal PA 441-29	<input checked="" type="checkbox"/>
421714	WELL	PR	02/29/2012	GW	045-20431	Federal PA 41-29	<input checked="" type="checkbox"/>
421717	WELL	PR	02/29/2012	GW	045-20433	Federal PA 341-29	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>10</u>	Production Pits: _____
Condensate Tanks: <u>1</u>	Water Tanks: <u>1</u>	Separators: <u>10</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: <u>1</u>
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: _____

Location**Lease Road:**

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Main	Satisfactory			

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory			
CONTAINERS	Satisfactory			
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			

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

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
OTHER	Unsatisfactory	location need bladed	Blade location	05/03/2013

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
OTHER	Satisfactory	Reclaime areas		
TANK BATTERY	Satisfactory			
WELLHEAD	Satisfactory			
SEPARATOR	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	2	Satisfactory	flowguard totes		
Horizontal Heated Separator	10	Satisfactory	no berm	Install berm	05/03/2013
Bird Protectors	7	Satisfactory			
Plunger Lift	10	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	300 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	
Corrective Action				Corrective Date	
Comment					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	3	300 BBLS	STEEL AST	39.501750,108.012020	
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	
Ignitor/Combustor	Satisfactory				
<u>Predrill</u>					
Location ID: 335125					
Site Preparation:					
Lease Road Adeq.: _____		Pads: _____		Soil Stockpile: _____	
Corrective Action: _____		Date: _____		CDP Num.: _____	

Form 2A COAs:

Group	User	Comment	Date
OGLA	kubeczko	<p>GENERAL SITE COAs:</p> <p>Notify COGCC Oil and Gas Location Assessment (OGLA) Specialist for Western Colorado (Dave Kubeczko; email dave.kubeczko@state.co.us; phone 970-309-2514) 48 hours prior to start of construction.</p> <p>Operator must implement best management practices to contain any unintentional release of fluids, including any fluids conveyed via temporary surface pipelines. Reserve pit, or any other pit used to contain/hold fluids, if constructed, must be lined or a closed loop system (as indicated on the Form 2A Permit application by operator in Section 6. Construction) must be implemented during drilling.</p> <p>Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations; including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures (i.e., best management practices (BMPs) associated with stormwater management) sufficiently protective of nearby surface water. Any berm constructed at the well pad location will be stabilized, inspected at regular intervals (at least every 14 days), and maintained in good condition.</p> <p>Flowback and stimulation fluids must be sent to tanks to allow the sand to settle out before the fluids can be placed into any pipeline or pit located on the well pad. The flowback and stimulation fluid tanks must be placed on the well pad in an area with additional downgradient perimeter berming. The area where flowback fluids will be stored/reused must be constructed to be sufficiently impervious to contain any spilled or released material (per Rule 604.a.(4)).</p> <p>Notify the COGCC Oil and Gas Location Assessment (OGLA) Specialist for Western Colorado (Dave Kubeczko; email dave.kubeczko@state.co.us) and the COGCC Field Inspection Supervisor for Northwest Colorado (Shaun Kellerby; email shaun.kellerby@state.co.us) 48 hours prior to start of fracing operations.</p> <p>Berms or other containment devices shall be constructed in compliance with Rule 603.e.(12) around crude oil, condensate, and produced water storage tanks.</p> <p>The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1.</p>	02/07/2011

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:

Inspector Name: LONGWORTH, MIKE

Landman Name: _____	Phone Number: _____
Date Onsite Request Received: _____	Date of Rule 306 Consultation: _____
Request LGD Attendance: _____	
<u>LGD Contact Information:</u>	
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: 276498	Type: WELL	API Number: 045-10480	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR Well				
Facility ID: 276499	Type: WELL	API Number: 045-10479	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR Well				
Facility ID: 283728	Type: WELL	API Number: 045-11981	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR Well				
Facility ID: 283729	Type: WELL	API Number: 045-11980	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR Well				
Facility ID: 283730	Type: WELL	API Number: 045-11979	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR Well				
Facility ID: 283731	Type: WELL	API Number: 045-11978	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR Well				
Facility ID: 421698	Type: WELL	API Number: 045-20426	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR Well				
Facility ID: 421712	Type: WELL	API Number: 045-20430	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR Well				
Facility ID: 421714	Type: WELL	API Number: 045-20431	Status: PR	Insp. Status: PR

Producing Well

Comment: PR Well

Facility ID: 421717 Type: WELL API Number: 045-20433 Status: PR Insp. Status: PR

Producing Well

Comment: PR Well

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:

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: RANGELAND

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

Inspector Name: LONGWORTH, MIKE

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? In
Production areas have been stabilized? Pass 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

Final Reclamation/ Abandoned Location:

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

Final Land Use: RANGELAND

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 ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Hydro Mulch	Pass	Gravel	Pass			
Berms	Pass	Berms	Pass	MHSP	Pass	
Compaction	Pass	Compaction	Pass			
Ditches	Pass	Culverts	Pass			
Gravel	Pass	Ditches	Fail			Ditches on the road need maintaince

Inspector Name: LONGWORTH, MIKE

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____