

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

Inspection Date:

04/29/2013

Document Number:

669400624

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|------------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection |
| | 216515 | 312010 | LABOWSKIE, STEVE | <input type="checkbox"/> 2A Doc Num: _____ |

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:

| | | | | | | | |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| QtrQtr: | NWNE | Sec: | 15 | Twp: | 33N | Range: | 8W |
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 01/20/2006 | 200087959 | PR | PR | S | | P | N |
| 02/05/2004 | 200052654 | PR | PR | S | | P | N |
| 02/13/2003 | 200036576 | PR | PR | S | | P | N |
| 02/13/2003 | 200036566 | PR | PR | S | | P | N |
| 07/20/2001 | 200019556 | PR | PR | S | | P | N |
| 05/18/2000 | 200006943 | PR | PR | S | | P | N |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|----------------------|-------------------------------------|
| 216385 | WELL | AL | 03/07/1996 | | 067-07991 | IGNACIO 33-8 25 | <input type="checkbox"/> |
| 216515 | WELL | PR | 09/09/1998 | GW | 067-08121 | IGNACIO 33-8 14A | <input checked="" type="checkbox"/> |
| 271430 | WELL | PR | 05/01/2012 | GW | 067-08926 | GORE GAS UNIT A 15 2 | <input type="checkbox"/> |
| 284754 | WELL | PR | 02/01/2012 | GW | 067-09165 | GORE GAS UNIT A 15-3 | <input 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**Signs/Marker:**

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------|-----------------------------|---------|-------------------|---------|
| BATTERY | 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 |
|---------------------|---|-----------------------------|----------------------------|-------------------|---------|
| Dehydrator | 1 | Satisfactory | rusty, needs paint soon. | | |
| Flow Line | 1 | Satisfactory | | | |
| Ancillary equipment | 1 | Satisfactory | telemetry | | |
| Gas Meter Run | 1 | Satisfactory | | | |
| Bird Protectors | 1 | Satisfactory | | | |
| Ancillary equipment | 1 | Satisfactory | cathodic protection system | | |

Facilities:☐ New Tank

Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|----------|-----------------------|
| PRODUCED WATER | 1 | OTHER | Open Top | 37.107850,-107.701030 |

S/U/V: Satisfactory Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

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

Other (Content) _____

Other (Capacity) ~125 bbls

Other (Type) _____

Berms

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

Corrective Action: _____ Corrective Date: _____

Comment: berms need raising soon, capacity borderline

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

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

Predrill

Location ID: 312010

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: 216515 Type: WELL API Number: 067-08121 Status: PR Insp. Status: PR

Producing Well

Comment: producing

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:

Comment:

1003a. Debris removed? Pass CM CA Date

Waste Material Onsite? Pass CM 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? Pass CM CA Date

Guy line anchors marked? CM CA Date

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

Inspector Name: LABOWSKIE, STEVE

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? Pass

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

Comment: good revegetation, small footprint

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 _____ Multi-Well Location ☐

Storm Water:

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

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____