

**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:

04/29/2013

Document Number:

669400628

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |                         |                          |             |
|---------------------|---------------|---------------|-------------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:         | On-Site Inspection       | 2A Doc Num: |
|                     | <u>214159</u> | <u>325159</u> | <u>LABOWSKIE, STEVE</u> | <input type="checkbox"/> |             |

**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: NESW Sec: 10 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) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 05/05/2009 | 200209604 | PR         | PR          | S                            |          |                | N               |
| 01/18/2006 | 200087914 | PR         | PR          | S                            |          | P              | N               |
| 01/27/2004 | 200052451 | PR         | PR          | S                            |          | P              | N               |
| 02/11/2003 | 200036317 | PR         | PR          | S                            |          | P              | N               |
| 07/16/2001 | 200019474 | PR         | PR          | S                            |          | P              | N               |
| 02/10/2000 | 200004383 | PR         | PR          | S                            |          | P              | N               |
| 03/04/1998 | 500146870 | PR         | PR          |                              |          | P              | N               |
| 03/04/1998 | 500146874 | PR         | PR          |                              |          | P              | N               |
| 01/28/1998 | 500146873 | PR         | PR          |                              |          | P              | N               |
| 01/28/1998 | 500146869 | PR         | PR          |                              |          | P              | N               |
| 03/21/1996 | 500146868 | PR         | PR          |                              |          |                | N               |
| 03/21/1996 | 500146872 | PR         | PR          |                              |          |                | N               |
| 08/12/1994 | 500146867 | PR         | PR          |                              |          | P              | N               |
| 08/12/1994 | 500146871 | PR         | PR          |                              |          | P              | N               |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name  |                                     |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------------------------------|
| 214159      | WELL | PR     | 04/14/1961  | GW         | 067-05476 | IGNACIO 33-8 5 | <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****Signs/Marker:**

| Type                 | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------------------|-----------------------------|---------|-------------------|---------|
| TANK LABELS/PLACARDS | Satisfactory                |         |                   |         |
| CONTAINERS           | 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    |
|---------------------|---|-----------------------------|--|---|------------|
| Gas Meter Run       | 1 | Satisfactory                |  |   |            |
| Ancillary equipment | 1 | Satisfactory                | surfactant container at wellhead w/ spill prevention |   |            |
| Deadman # & Marked  | 2 | Unsatisfactory              | several unmarked anchors observed                    | find all markers for this well and mark or remove per Rule 1003.a | 07/01/2013 |
| Ancillary equipment | 1 | Satisfactory                | cathodic protection system                           |   |            |
| Bird Protectors     | 2 | Satisfactory                |  |   |            |
| Flow Line           | 1 | Satisfactory                |  |   |            |
| Ancillary equipment | 1 | Satisfactory                | telemetry  |   |            |
| Dehydrator          | 2 | Satisfactory                |  |   |            |

|                                  |                             |                                   |                     |                        |  |
|----------------------------------|-----------------------------|-----------------------------------|---------------------|------------------------|--|
| <b>Facilities:</b>               |                             | <input type="checkbox"/> New Tank |                     | Tank ID: _____         |  |
| Contents                         | #                           | Capacity                          | Type                | SE GPS                 |  |
| PRODUCED WATER                   | 1                           | OTHER                             | Open Top            | 37.117620,-107.755660  |  |
| S/U/V:                           | Satisfactory                |                                   | Comment: _____      |                        |  |
| Corrective Action: _____         |                             |                                   |                     | Corrective Date: _____ |  |
| <u>Paint</u>                     |                             |                                   |                     |                        |  |
| Condition                        | Adequate                    |                                   |                     |                        |  |
| Other (Content) _____            |                             |                                   |                     |                        |  |
| Other (Capacity) ~125 bbls _____ |                             |                                   |                     |                        |  |
| 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                 |  |
| PRODUCED WATER                   | 1                           | OTHER                             | Open Top            | 37.117520,-107.705930  |  |
| 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>Venting:</b>                  |                             |                                   |                     |                        |  |
| Yes/No                           | Comment                     |                                   |                     |                        |  |
|                                  |                             |                                   |                     |                        |  |
| <b>Flaring:</b>                  |                             |                                   |                     |                        |  |
| Type                             | Satisfactory/Unsatisfactory | Comment                           | Corrective Action   | CA Date                |  |
|                                  |                             |                                   |                     |                        |  |

**Predrill**

Location ID: 325159

**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: 214159 Type: WELL API Number: 067-05476 Status: PR Insp. Status: PR

**Producing Well**

Comment: producing

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

Inspector Name: LABOWSKIE, STEVE

|                                   |                              |                               |
|-----------------------------------|------------------------------|-------------------------------|
| Type of Spill: _____              | Description: _____           | Estimated Spill Volume: _____ |
| Comment: _____                    |                              |                               |
| 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 : _____ |            |

|                          |
|--------------------------|
| <b>Field Parameters:</b> |
|--------------------------|

|                        |
|------------------------|
| Sample Location: _____ |
|------------------------|

|   |
|---|
| Emission Control Burner (ECB): _____                            |
| Comment: _____  |
| Pilot: _____ Wildlife Protection Devices (fired vessels): _____ |

**Reclamation - Storm Water - Pit**

|   |   |
|---|---|
| <b>Interim Reclamation:</b>             |   |
| Date Interim Reclamation Started: _____ | Date Interim Reclamation Completed: _____   |
| Land Use: _____                         |   |
| Comment: _____                          |   |
| 1003a.                                  | Debris removed? <u>Pass</u> CM _____  |
|   | CA _____ CA Date _____  |
|   | Waste Material Onsite? <u>Pass</u> CM _____   |
|   | CA _____ CA Date _____  |
|   | Unused or unneeded equipment onsite? <u>Pass</u> CM _____   |
|   | CA _____ CA Date _____  |
|   | Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____  |
|   | CA _____ CA Date _____  |
|   | Guy line anchors removed? _____ CM _____  |
|   | CA _____ CA Date _____  |
|   | Guy line anchors marked? <u>Fail</u> CM _____   |
|   | CA <span style="border: 1px solid red; padding: 2px;">find and mark all anchors or remove</span> CA Date <span style="border: 1px solid red; padding: 2px;">07/01/2013</span> |
| 1003b.                                  | Area no longer in use? <u>In</u> Production areas stabilized ? <u>Pass</u>  |
| 1003c.                                  | Compacted areas have been cross ripped? <u>Pass</u>   |
| 1003d.                                  | Drilling pit closed? <u>Pass</u> Subsidence over on drill pit? <u>Pass</u>  |
|   | Cuttings management: _____  |
| 1003e.                                  | Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? <u>In</u>   |
|   | Production areas have been stabilized? <u>Pass</u> Segregated soils have been replaced? <u>Pass</u>   |
| RESTORATION AND REVEGETATION            |   |
| <u>Cropland</u>                         |   |

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 In Process

**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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction       | Pass            | Gravel                  | Pass                  | MHSP          | Pass                     |         |

S/U/V: Satisfactory Corrective Date: \_\_\_\_\_

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

CA: \_\_\_\_\_