

Inspector Name: LABOWSKIE, STEVE

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: 669400624 Overall Inspection: Satisfactory

FIELD INSPECTION FORM

Location Identifier Facility ID Loc ID Inspector Name: On-Site Inspection 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:

Table with 4 columns: Contact Name, Phone, Email, Comment. Rows include Mitchell, Ben and Granillo, Lacey.

Compliance Summary:

Table with 8 columns: Insp. Date, Doc Num, Insp. Type, Insp Status, Satisfactory /Unsatisfactory, PA P/F/I, Pas/Fail (P/F), Violation (Y/N). Rows show inspection history from 2001 to 2006.

Inspector Comment:

Related Facilities:

Table with 7 columns: Facility ID, Type, Status, Status Date, Well Class, API Num, Facility Name. Lists wells like IGNACIO 33-8 25 and GORE GAS UNIT A 15-2.

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:

Inspector Name: LABOWSKIE, STEVE

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
<input type="checkbox"/> 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			

We have a plan to increase berm capacity. [Signature]

Inspector Name: LABOWSKIE, STEVE

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:

Inspector Name: LABOWSKIE, STEVE

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:

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? 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 _____
- 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: _____