

**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:

12/12/2013

Document Number:

670201027

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|---------------|---------------|----------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>280126</u> | <u>335065</u> | <u>BURGER, CRAIG</u> | <input type="checkbox"/> | |

Operator Information:

OGCC Operator Number:

Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLCAddress: 1001 17TH STREET - SUITE #1200City: DENVER State: CO Zip: 80202

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

| Contact Name | Phone | Email | Comment |
|------------------|----------------|-------------------------------|-----------------------|
| Gardner, Michael | (970) 263-2760 | Michael.Gardner@wpxenergy.com | Environmental Manager |
| Moss, Brad | (970) 285-9377 | Brad.Moss@wpxenergy.com | Operations |
| Kellerby, Shaun | | Shaun.Kellerby@state.co.us | NW Field Supervisor |

Compliance Summary:QtrQtr: SESE Sec: 14 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) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 05/18/2011 | 200311536 | PR | PD | Satisfactory | | | No |
| 01/20/2010 | 200234812 | PR | PR | Unsatisfactory | | | Yes |
| 09/04/2008 | 200194674 | PR | PR | Unsatisfactory | | | Yes |
| 03/06/2007 | 200107404 | DG | WO | Satisfactory | I | Pass | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|-------------------------------------|
| 279770 | WELL | PR | 06/08/2006 | GW | 045-11083 | CLOUGH RWF 434-14 | PR | <input checked="" type="checkbox"/> |
| 280113 | WELL | PR | 06/08/2006 | GW | 045-11197 | CLOUGH RWF 444-14 | PR | <input checked="" type="checkbox"/> |
| 280114 | WELL | PR | 06/08/2006 | GW | 045-11198 | CLOUGH RWF 433-14 | PR | <input checked="" type="checkbox"/> |
| 280115 | WELL | PR | 06/08/2006 | GW | 045-11199 | CLOUGH RWF 344-14 | PR | <input checked="" type="checkbox"/> |
| 280116 | WELL | PR | 06/08/2006 | GW | 045-11200 | CLOUGH RWF 544-14 | PR | <input checked="" type="checkbox"/> |
| 280117 | WELL | PR | 06/08/2006 | GW | 045-11201 | CLOUGH RWF 44-14 | PR | <input checked="" type="checkbox"/> |
| 280118 | WELL | PR | 06/08/2006 | GW | 045-11202 | CLOUGH RWF 333-14 | PR | <input checked="" type="checkbox"/> |
| 280119 | WELL | PR | 08/06/2006 | GW | 045-11203 | CLOUGH RWF 43-14 | PR | <input checked="" type="checkbox"/> |
| 280120 | WELL | PR | 06/08/2006 | GW | 045-11204 | CLOUGH RWF 533-14 | PR | <input checked="" type="checkbox"/> |
| 280122 | WELL | PR | 06/08/2006 | GW | 045-11205 | CLOUGH RWF 33-14 | PR | <input checked="" type="checkbox"/> |
| 280123 | WELL | PR | 06/08/2006 | GW | 045-11206 | CLOUGH RWF 543-14 | PR | <input checked="" type="checkbox"/> |

Inspector Name: BURGER, CRAIG

| | | | | | | | | |
|--------|------|----|------------|----|-----------|-------------------|----|-------------------------------------|
| 280125 | WELL | PR | 06/08/2006 | GW | 045-11207 | CLOUGH RWF 343-14 | PR | <input checked="" type="checkbox"/> |
| 280126 | WELL | PR | 06/08/2006 | GW | 045-11208 | CLOUGH RWF 443-14 | PR | <input checked="" type="checkbox"/> |
| 280127 | WELL | PR | 06/08/2006 | GW | 045-11209 | CLOUGH RWF 334-14 | PR | <input checked="" type="checkbox"/> |
| 280129 | WELL | PR | 06/08/2006 | GW | 045-11210 | CLOUGH RWF 534-14 | PR | <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 Motors: _____ | 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 | | | |
| 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 |
|--------------|-----------------------------|------------|-------------------|---------|
| WELLHEAD | Satisfactory | wire fence | | |
| SEPARATOR | Satisfactory | wire fence | | |
| TANK BATTERY | Satisfactory | wire fence | | |

Equipment:

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-----------------------------|----|-----------------------------|---------|-------------------|---------|
| Plunger Lift | 15 | Satisfactory | | | |
| Bird Protectors | 8 | Satisfactory | | | |
| Emission Control Device | 1 | Satisfactory | | | |
| Vertical Separator | 1 | Satisfactory | | | |
| Gas Meter Run | 1 | Satisfactory | | | |
| Horizontal Heated Separator | 16 | Satisfactory | | | |
| Gathering Line | 1 | Satisfactory | | | |

| | | | | |
|--------------------|--------------|-------------------------------------|----------------|------------------|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 1 | <100 BBLS | STEEL AST | , |
| S/U/V: | Satisfactory | Comment: same berm as 300 bbl tanks | | |
| 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 |
| PRODUCED WATER | 1 | 200 BBLS | STEEL AST | , |
| S/U/V: | Satisfactory | Comment: same berm as 300 bbl tanks | | |
| 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 | |
|---------|--|

Inspector Name: BURGER, CRAIG

| | | | | | |
|------------------------|-----------------------------|-----------------------------------|---------------------|-----------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| CONDENSATE | 2 | 300 BBLS | STEEL AST | 39.521320,-107.851200 | |
| 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 | |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate | |
| Corrective Action | | | | Corrective Date | |
| Comment | | | | | |
| Venting: | | | | | |
| Yes/No | | Comment | | | |
| YES | | bradenhead valves open | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| Ignitor/Combustor | Satisfactory | | | | |

Predrill

Location ID: 280126

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/U/V: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**S/U/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/U/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Stormwater:****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: 279770 Type: WELL API Number: 045-11083 Status: PR Insp. Status: PR

Producing WellComment: **plunger lift**

Facility ID: 280113 Type: WELL API Number: 045-11197 Status: PR Insp. Status: PR

Producing WellComment: **plunger lift**

Facility ID: 280114 Type: WELL API Number: 045-11198 Status: PR Insp. Status: PR

Producing WellComment: **plunger lift**

| | | | | |
|--|------------|-----------------------|------------|------------------|
| Facility ID: 280115 | Type: WELL | API Number: 045-11199 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: plunger lift | | | | |
| Facility ID: 280116 | Type: WELL | API Number: 045-11200 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: plunger lift | | | | |
| Facility ID: 280117 | Type: WELL | API Number: 045-11201 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: plunger lift | | | | |
| Facility ID: 280118 | Type: WELL | API Number: 045-11202 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: plunger lift | | | | |
| Facility ID: 280119 | Type: WELL | API Number: 045-11203 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: plunger lift | | | | |
| Facility ID: 280120 | Type: WELL | API Number: 045-11204 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: plunger lift | | | | |
| Facility ID: 280122 | Type: WELL | API Number: 045-11205 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: plunger lift | | | | |
| Facility ID: 280123 | Type: WELL | API Number: 045-11206 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: plunger lift | | | | |
| Facility ID: 280125 | Type: WELL | API Number: 045-11207 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: plunger lift | | | | |
| Facility ID: 280126 | Type: WELL | API Number: 045-11208 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: plunger lift | | | | |
| Facility ID: 280127 | Type: WELL | API Number: 045-11209 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: plunger lift | | | | |
| Facility ID: 280129 | Type: WELL | API Number: 045-11210 | Status: PR | Insp. Status: PR |

Producing WellComment: plunger lift**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): Y

Comment: _____

Pilot: ON Wildlife Protection Devices (fired vessels): YES**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? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Inspector Name: BURGER, CRAIG

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? 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? _____

Comment: _____

Overall Interim Reclamation

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 _____ Well Release on Active Location ☐ Multi-Well Location ☐

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

S/U/V: _____ Corrective Date: _____

Comment: **Snow cover prevented inspection.**

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT