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|--|--|--------|-----------------|--|---------------------------------------|----|----|----|--|
| FORM INSP <small>Rev 05/11</small> | State of Colorado | | |  | DE | ET | OE | ES | |
| | Oil and Gas Conservation Commission | | | | Inspection Date: <u>02/03/2014</u> | | | | |
| 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109 | | | | Document Number: <u>663902747</u> | | | | | |
| FIELD INSPECTION FORM | | | | Overall Inspection: <u>Satisfactory</u> | | | | | |
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | | | | | |
| | 335260 | 335260 | LONGWORTH, MIKE | <input type="checkbox"/> | 2A Doc Num: _____ | | | | |

Operator Information:

OGCC Operator Number: _____

Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Address: 1001 17TH STREET - SUITE #1200

City: 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 |
|------------------|------------------------|-------------------------------|------------------------------------|
| Kellerby, Shaun | | shaun.kellerby@state.co.us | |
| Moss, Brad | (970) 285-9377 | Brad.Moss@WPXEnergy.com | Production foreman |
| Gardner, Michael | 970/285-9377 ext. 2760 | Michael.Gardner@WPXEnergy.com | Principal Environmental Specialist |

Compliance Summary:

QtrQtr: SWNW Sec: 29 Twp: 6S Range: 96W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 01/22/2014 | 663902685 | | | Unsatisfactory | F | | No |
| 11/04/2013 | 663902353 | | | Unsatisfactory | P | | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|-------------------------------------|
| 211067 | WELL | PR | 11/02/1994 | OW | 045-06825 | FEDERAL GR 12-29 | PR | <input checked="" type="checkbox"/> |
| 260219 | WELL | PR | 03/07/2002 | GW | 045-07832 | CHEVRON GM 11-29 | PR | <input checked="" type="checkbox"/> |
| 289396 | WELL | AL | 05/27/2011 | LO | 045-13750 | CHEVRON GM413-29 | AL | <input type="checkbox"/> |
| 289397 | WELL | AL | 05/27/2011 | LO | 045-13749 | CHEVRON GM 313-29 | AL | <input type="checkbox"/> |
| 289398 | WELL | AL | 06/02/2011 | LO | 045-13748 | CHEVRON GM 523-29 | AL | <input type="checkbox"/> |
| 289399 | WELL | AL | 05/27/2011 | LO | 045-13747 | CHEVRON GM 13-29 | AL | <input type="checkbox"/> |
| 289400 | WELL | AL | 05/27/2011 | LO | 045-13746 | CHEVRON GM 511-29 | AL | <input type="checkbox"/> |
| 289401 | WELL | AL | 05/27/2011 | LO | 045-13745 | CHEVRON GM411-29 | AL | <input type="checkbox"/> |
| 289402 | WELL | AL | 05/27/2011 | LO | 045-13744 | CHEVRON GM311-29 | AL | <input type="checkbox"/> |
| 289403 | WELL | AL | 05/27/2011 | LO | 045-13743 | CHEVRON GM422-29 | AL | <input type="checkbox"/> |
| 289404 | WELL | AL | 05/27/2011 | LO | 045-13742 | CHEVRON GM322-29 | AL | <input type="checkbox"/> |
| 289405 | WELL | AL | 05/27/2011 | LO | 045-13741 | CHEVRON GM522-29 | AL | <input type="checkbox"/> |
| 289406 | WELL | AL | 05/27/2011 | LO | 045-13740 | CHEVRON GM312-29 | AL | <input type="checkbox"/> |

| | | | | | | | | |
|--------|------|----|------------|----|-----------|------------------|----|--------------------------|
| 289407 | WELL | AL | 05/27/2011 | LO | 045-13739 | CHEVRON GM 12-29 | AL | <input 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

Lease Road:

| Type | Satisfactory/Unsatisfactory | comment | Corrective Action | Date |
|--------|-----------------------------|-------------|-------------------|------|
| Access | Satisfactory | Snow packed | | |

Signs/Marker:

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

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

Comment: _____

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|------------------|-----------------------------|--|-------------------|---------|
| UNUSED EQUIPMENT | Satisfactory | Separators and other unused equipment removed from location. | | |

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|--|------|--------|-------------------|---------|
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

Fencing/:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-----------|-----------------------------|---------|-------------------|---------|
| WELLHEAD | Satisfactory | | | |
| SEPARATOR | Satisfactory | | | |

Equipment:

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-----------------------------|---|-----------------------------|------------------|-------------------|---------|
| Horizontal Heated Separator | 2 | Satisfactory | double separator | | |
| Plunger Lift | 2 | Satisfactory | | | |
| Bird Protectors | 2 | Satisfactory | | | |

| | | | | | |
|--------------------|-----------------------------|-----------------------------------|---------------------|------------------|-----------------|
| 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: | | |
| 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 | |
| | | | | | |

Predrill

Location ID: 335260

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: 211067 Type: WELL API Number: 045-06825 Status: PR Insp. Status: PR

Producing Well

Comment: Gas leak on surface casing has been repaired and no evidence of leaking.

Facility ID: 260219 Type: WELL API Number: 045-07832 Status: PR Insp. Status: PR

Producing Well

Comment: Producing 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: _____
 Comment: _____

1003a. Debris removed? In CM Dirt piles on both sides of the wells.
 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? _____ CM Snow cover around wells. Unable to tell if conductors
 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? _____ Production areas stabilized ? Pass
 1003c. Compacted areas have been cross ripped? _____
 1003d. Drilling pit closed? _____ 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? _____
 Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION
Cropland

Inspector Name: LONGWORTH, MIKE

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: Snow cover limited inspection. Continue Interim reclamation efforts

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction | Pass | Compaction | Pass | | | |
| Ditches | Pass | Ditches | Pass | | | |
| Seeding | | Culverts | Pass | | | |
| Gravel | | Gravel | | | | |

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: Limited inspection due to snow cover.

CA: _____

Pits: NO SURFACE INDICATION OF PIT