

Inspector Name: LONGWORTH, MIKE

**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 |
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Inspection Date:

04/11/2014

Document Number:

663902957

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|------------------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection |
| | <u>414554</u> | <u>324069</u> | <u>LONGWORTH, MIKE</u> | <input type="checkbox"/> 2A Doc Num: _____ |

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

Compliance Summary:

| | | | | | | | |
|---------------|-----------|------------|-------------|---------------------------------|-------------|-------------------|--------------------|
| QtrQtr: _____ | | Sec: _____ | | Twp: _____ | | Range: _____ | |
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 09/09/2013 | 663902153 | | | Unsatisfactory | | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|-------------------------------------|
| 89069 | WELL | PR | 08/02/2001 | GW | 045-07399 | UNOCAL GM 205-28 | PR | <input checked="" type="checkbox"/> |
| 414554 | PIT | AC | 05/03/2011 | | - | 14-28-696 | AC | <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: _____ |

LocationEmergency Contact Number: (S/U/V) _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

| | | | | |
|---|-----------------------------|--------------------------------|-------------------|---------------------|
| Spills: | | | | |
| Type | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |
| Venting: | | | | |
| Yes/No | Comment | | | |
| | | | | |
| Flaring: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |
| <u>Predrill</u> | | | | |
| Location ID: 414554 | | | | |
| <u>Site Preparation:</u> | | | | |
| Lease Road Adeq.: | | Pads: | Soil Stockpile: | |
| <u>S/U/V:</u> | | | | |
| Corrective Action: | | | Date: | CDP Num.: |
| <u>Form 2A COAs:</u> | | | | |
| <u>S/U/V:</u> | <u>Comment:</u> | | | |
| <u>CA:</u> | | | | <u>Date:</u> |
| <u>Wildlife BMPs:</u> | | | | |
| <u>S/U/V:</u> | <u>Comment:</u> | | | |
| <u>CA:</u> | | | | <u>Date:</u> |
| <u>Stormwater:</u> | | | | |
| <u>Comment:</u> | | | | |
| <u>Staking:</u> | | | | |
| <u>On Site Inspection (305):</u> | | | | |
| <u>Surface Owner Contact Information:</u> | | | | |
| Name: | | Address: | | |
| Phone Number: | | Cell Phone: | | |
| <u>Operator Rep. Contact Information:</u> | | | | |
| Landman Name: | | Phone Number: | | |
| Date Onsite Request Received: | | Date of Rule 306 Consultation: | | |
| Request LGD Attendance: | | | | |
| <u>LGD Contact Information:</u> | | | | |
| Name: | | Phone Number: | Agreed to Attend: | |
| <u>Summary of Landowner Issues:</u> | | | | |
| | | | | |
| <u>Summary of Operator Response to Landowner Issues:</u> | | | | |
| | | | | |
| <u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u> | | | | |
| | | | | |
| <u>Facility</u> | | | | |

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Facility ID: 89069 Type: WELL API Number: 045-07399 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 414554 Type: PIT API Number: - Status: AC Insp. Status: AC

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? CM

CA CA Date

Waste Material Onsite? CM

CA CA Date

Unused or unneeded equipment onsite? CM

CA CA Date

Pit, cellars, rat holes and other bores closed? CM

CA CA Date

Guy line anchors removed? CM

CA CA Date

Guy line anchors marked? CM

CA CA Date

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

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: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Inspector Name: LONGWORTH, MIKE

Pit Type: _____ Lined: YES Pit ID: 414554 Lat: 39.488730 Long: -108.120300

Lining:

Liner Type: Plastic Liner Condition: Adequate

Comment: _____

Fencing:

Fencing Type: Netting/Fen Fencing Condition: Adequate

Comment: _____

Netting:

Netting Type: Fence/Net Netting Condition: Good

Comment: _____

Anchor Trench Present: YES Oil Accumulation: NO 2+ feet Freeboard: _____

Pit (S/U/V): Satisfactory Comment: _____

Corrective Action: _____ Date: _____

| | | | |
|---------|-------------|------------|-----------------|
| Permit: | Facility ID | Permit Num | Expiration Date |
| | 414554 | 1631029 | |