

**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 |
|----|----|----|----|
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Inspection Date:
12/08/2014Document Number:
666800385Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 288644 | 334988 | Murray, Richard | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 96850Name 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.us.co | |
| , Inspections | | COGCCInspectionsReports@wxpenergy.com | Field Inspections |

Compliance Summary:QtrQtr: SENE Sec: 6 Twp: 7S Range: 94W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 03/04/2010 | 200237707 | PR | PR | SATISFACTORY | | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|------------------------|-------------|-------------------------------------|
| 288639 | WELL | PR | 11/02/2007 | GW | 045-13299 | FOSSIL CREEK RWF 441-6 | PR | <input checked="" type="checkbox"/> |
| 288640 | WELL | PR | 02/28/2009 | GW | 045-13300 | FOSSIL CREEK RWF 332-6 | PR | <input checked="" type="checkbox"/> |
| 288641 | WELL | PR | 02/28/2009 | GW | 045-13301 | FOSSIL CREEK RWF 431-6 | PR | <input checked="" type="checkbox"/> |
| 288642 | WELL | PR | 10/31/2008 | GW | 045-13302 | FOSSIL CREEK RWF 41-6 | PR | <input checked="" type="checkbox"/> |
| 288643 | WELL | PR | 12/02/2008 | GW | 045-13303 | FOSSIL CREEK RWF 541-6 | PR | <input checked="" type="checkbox"/> |
| 288644 | WELL | PR | 02/28/2009 | GW | 045-13304 | FOSSIL CREEK RWF 31-6 | PR | <input checked="" type="checkbox"/> |
| 288646 | WELL | PR | 02/28/2009 | GW | 045-13305 | FOSSIL CREEK RWF 531-6 | PR | <input checked="" type="checkbox"/> |
| 288647 | WELL | PR | 11/02/2007 | GW | 045-13306 | FOSSIL CREEK RWF 442-6 | PR | <input checked="" type="checkbox"/> |
| 288679 | WELL | PR | 02/28/2009 | GW | 045-13323 | FOSSIL CREEK RWF 341-6 | PR | <input checked="" type="checkbox"/> |

Inspector Name: Murray, Richard

| | | | | | | | | |
|--------|------|----|------------|----|-----------|------------------------|----|-------------------------------------|
| 288680 | WELL | PR | 03/13/2009 | GW | 045-13322 | FOSSIL CREEK RWF 42-6 | PR | <input checked="" type="checkbox"/> |
| 288681 | WELL | PR | 11/02/2008 | GW | 045-13321 | FOSSIL CREEK RWF 331-6 | PR | <input checked="" type="checkbox"/> |
| 288682 | WELL | PR | 02/21/2009 | GW | 045-13320 | FOSSIL CREEK RWF 432-6 | PR | <input checked="" type="checkbox"/> |
| 288683 | WELL | PR | 02/28/2009 | GW | 045-13319 | FOSSIL CREEK RWF 32-6 | PR | <input checked="" type="checkbox"/> |
| 288685 | WELL | PR | 03/13/2009 | GW | 045-13318 | FOSSIL CREEK RWF 342-6 | 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 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/Action Required | Comment | Corrective Action | CA Date |
|----------------------|------------------------------|---------|-------------------|---------|
| CONTAINERS | SATISFACTORY | | | |
| TANK LABELS/PLACARDS | SATISFACTORY | | | |
| BATTERY | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?**Equipment:**

| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-----------------------------|----|------------------------------|----------------------------|-------------------|---------|
| Ancillary equipment | 3 | SATISFACTORY | Chemical units at wellhead | | |
| Horizontal Heated Separator | 14 | SATISFACTORY | | | |
| Plunger Lift | 14 | SATISFACTORY | | | |

Facilities:☐ New Tank

Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|-----------|--------|
| PRODUCED WATER | 2 | 300 BBLS | STEEL AST | , |

S/A/V: SATISFACTORY

Comment: Centralized battery

Inspector Name: Murray, Richard

| | | | |
|--------------------|--|------------------|--|
| 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: ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|------------|---|----------|-----------|-----------------------|
| CONDENSATE | 2 | 300 BBLS | STEEL AST | 39.470140,-107.923730 |

| | | | |
|--------|--------------|----------|--|
| S/A/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 |
| YES | Bradenhead valves open |

Flaring:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Predrill

Location ID: 288644

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/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: 288639 Type: WELL API Number: 045-13299 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 288640 Type: WELL API Number: 045-13300 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 288641 Type: WELL API Number: 045-13301 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

| | | | | | | | | | |
|-----------------------|--------------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 288642 | Type: | WELL | API Number: | 045-13302 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Plunger lift | | | | | | | | |
| Facility ID: | 288643 | Type: | WELL | API Number: | 045-13303 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Plunger lift | | | | | | | | |
| Facility ID: | 288644 | Type: | WELL | API Number: | 045-13304 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Plunger lift | | | | | | | | |
| Facility ID: | 288646 | Type: | WELL | API Number: | 045-13305 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Plunger lift | | | | | | | | |
| Facility ID: | 288647 | Type: | WELL | API Number: | 045-13306 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Plunger lift | | | | | | | | |
| Facility ID: | 288679 | Type: | WELL | API Number: | 045-13323 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Plunger lift | | | | | | | | |
| Facility ID: | 288680 | Type: | WELL | API Number: | 045-13322 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Plunger lift | | | | | | | | |
| Facility ID: | 288681 | Type: | WELL | API Number: | 045-13321 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Plunger lift | | | | | | | | |
| Facility ID: | 288682 | Type: | WELL | API Number: | 045-13320 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Plunger lift | | | | | | | | |
| Facility ID: | 288683 | Type: | WELL | API Number: | 045-13319 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Plunger lift | | | | | | | | |
| Facility ID: | 288685 | Type: | WELL | API Number: | 045-13318 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Plunger lift | | | | | | | | |
| Environmental | | | | | | | | | |

Inspector Name: Murray, Richard

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): N _____

Comment: _____

Pilot: _____ 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? Pass CM _____
CA _____ CA Date _____
Guy line anchors marked? _____ CM _____
CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? Pass _____

1003d. Drilling pit closed? Pass _____ 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

Inspector Name: Murray, Richard

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Ditches | Pass | | | | | |
| Slope Roughening | Pass | | | | | |
| | | Culverts | Pass | | | |
| | | Gravel | Pass | | | |
| | | Ditches | Pass | | | |
| Seeding | Pass | | | | | |
| Berms | Pass | | | | | |
| Culverts | Pass | | | | | |

S/A/V: SATISFACTOR _____

Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT