

**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:

03/19/2015

Document Number:

674701107

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 334811 | 334811 | LONGWORTH, MIKE | <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 |
|-----------------|--------------|--------------------------------------|-------------------------|
| Inspection, WPX | 970-263-2716 | COGCCInspectionReports@wpxenergy.com | WPX Inspection Mail Box |

Compliance Summary:QtrQtr: NWNW Sec: 6 Twp: 7S Range: 96W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 07/25/2014 | 674700104 | | | SATISFACTORY | | | No |
| 02/03/2014 | 663902743 | | | SATISFACTORY | | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|-------------------------------------|
| 210997 | WELL | PR | 10/25/2005 | GW | 045-06755 | ARCO MV 17-6 | PR | <input checked="" type="checkbox"/> |
| 297225 | WELL | PR | 07/17/2008 | GW | 045-16338 | PUCKETT GM 422-6 | PR | <input checked="" type="checkbox"/> |
| 297226 | WELL | PR | 07/17/2008 | GW | 045-16339 | PUCKETT GM 321-6 | PR | <input checked="" type="checkbox"/> |
| 297228 | WELL | PR | 11/18/2008 | GW | 045-16340 | PUCKETT GM 412-6 | PR | <input checked="" type="checkbox"/> |
| 297229 | WELL | PR | 07/17/2008 | GW | 045-16341 | PUCKETT GM 522-6 | PR | <input checked="" type="checkbox"/> |
| 297230 | WELL | PR | 07/17/2008 | GW | 045-16342 | PUCKETT GM 322-6 | PR | <input checked="" type="checkbox"/> |
| 297231 | WELL | PR | 07/17/2008 | GW | 045-16343 | PUCKETT GM 421-6 | PR | <input checked="" type="checkbox"/> |
| 297232 | WELL | PR | 04/01/2012 | GW | 045-16344 | PUCKETT GM 22-6 | PR | <input checked="" type="checkbox"/> |
| 297233 | WELL | PR | 07/17/2008 | GW | 045-16345 | PUCKETT GM 12-6 | PR | <input checked="" type="checkbox"/> |

Inspector Name: LONGWORTH, MIKE

| | | | | | | | | |
|--------|------|----|------------|----|-----------|------------------|----|-------------------------------------|
| 297234 | WELL | PR | 10/18/2008 | GW | 045-16346 | PUCKETT GM 312-6 | PR | <input checked="" type="checkbox"/> |
| 297235 | WELL | PR | 07/17/2008 | GW | 045-16347 | PUCKETT GM 21-6 | PR | <input checked="" type="checkbox"/> |
| 297236 | WELL | PR | 07/17/2008 | GW | 045-16348 | PUCKETT GM 11-6 | PR | <input checked="" type="checkbox"/> |
| 297237 | WELL | PR | 07/17/2008 | GW | 045-16349 | PUCKETT GM 411-6 | PR | <input checked="" type="checkbox"/> |
| 297238 | WELL | PR | 04/01/2012 | GW | 045-16350 | PUCKETT GM 311-6 | PR | <input checked="" type="checkbox"/> |
| 297239 | WELL | PR | 07/17/2008 | GW | 045-16351 | PUCKETT GM 511-6 | 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 |
|----------------------|------------------------------|---------|-------------------|---------|
| TANK LABELS/PLACARDS | SATISFACTORY | | | |
| CONTAINERS | SATISFACTORY | | | |
| BATTERY | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |

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

Corrective Date: _____

Comment: **970-285-9377**

Corrective Action: _____

Spills:

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

☐ Multiple Spills and Releases?**Fencing/:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|--------------|------------------------------|---------|-------------------|---------|
| TANK BATTERY | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |
| SEPARATOR | SATISFACTORY | | | |

Equipment:

| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-----------------|----|------------------------------|---------|-------------------|---------|
| Bird Protectors | 10 | SATISFACTORY | | | |

Inspector Name: LONGWORTH, MIKE

| | | | | | |
|-----------------------------|----|--------------|-----------------------------|--|--|
| Horizontal Heated Separator | 16 | SATISFACTORY | | | |
| Ancillary equipment | 1 | SATISFACTORY | Chemical container at wells | | |
| Plunger Lift | 15 | SATISFACTORY | | | |

Facilities: ☐ New Tank Tank ID: _____

| | | | | |
|----------|---|----------|-----------|--------|
| Contents | # | Capacity | Type | SE GPS |
| METHANOL | 1 | <50 BBLS | STEEL AST | , |

| | | | |
|--------------------|--------------|------------------|--|
| 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 | | | |

Facilities: ☐ New Tank Tank ID: _____

| | | | | |
|----------|---|-----------|-----------|--------|
| Contents | # | Capacity | Type | SE GPS |
| METHANOL | 1 | <100 BBLS | STEEL AST | , |

| | | | |
|--------------------|--------------|------------------|--|
| S/A/V: | SATISFACTORY | Comment: | |
| Corrective Action: | | Corrective Date: | |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) 80 bbl _____

Other (Type) _____

Berms

| | | | | |
|-------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate |

| | | | |
|-------------------|--|-----------------|--|
| Corrective Action | | Corrective Date | |
| Comment | | | |

Facilities: ☐ New Tank Tank ID: _____

| | | | | |
|------------|---|----------|-----------|--------|
| Contents | # | Capacity | Type | SE GPS |
| CONDENSATE | 2 | 400 BBLS | STEEL AST | , |

| | | | |
|--------------------|--------------|------------------|--|
| S/A/V: | SATISFACTORY | Comment: | |
| Corrective Action: | | Corrective Date: | |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Inspector Name: LONGWORTH, MIKE

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 | | | |

Facilities: ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|-----------|--------|
| PRODUCED WATER | 3 | 400 BBLS | STEEL AST | , |

| | | |
|---------------------|----------|--|
| 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 | Bradens open to vent | |

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

Predrill

Location ID: 334811

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: 210997 Type: WELL API Number: 045-06755 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 297225 Type: WELL API Number: 045-16338 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 297226 Type: WELL API Number: 045-16339 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

| | | | | | | | | | |
|----------------|----------------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 297228 | Type: | WELL | API Number: | 045-16340 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 297229 | Type: | WELL | API Number: | 045-16341 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 297230 | Type: | WELL | API Number: | 045-16342 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 297231 | Type: | WELL | API Number: | 045-16343 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 297232 | Type: | WELL | API Number: | 045-16344 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 297233 | Type: | WELL | API Number: | 045-16345 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 297234 | Type: | WELL | API Number: | 045-16346 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 297235 | Type: | WELL | API Number: | 045-16347 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 297236 | Type: | WELL | API Number: | 045-16348 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 297237 | Type: | WELL | API Number: | 045-16349 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 297238 | Type: | WELL | API Number: | 045-16350 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 297239 | Type: | WELL | API Number: | 045-16351 | Status: | PR | Insp. Status: | PR |

Producing WellComment: **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:

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? _____ 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 ? _____

1003c. Compacted areas have been cross ripped? _____

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

Inspector Name: LONGWORTH, MIKE

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

Inspector Name: LONGWORTH, MIKE

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT