

**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:

03/24/2015

Document Number:

674701141

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 335242 | 335242 | 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: SWSE Sec: 20 Twp: 6S Range: 95W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 03/19/2014 | 663902853 | | | SATISFACTORY | | | No |
| 05/17/2013 | 663801037 | | | SATISFACTORY | I | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|-------------------------------------|
| 111454 | PIT | | 09/23/1999 | | - | 1-W-20 | | <input type="checkbox"/> |
| 211003 | WELL | PR | 01/12/1992 | GW | 045-06761 | DOE 1-W-20 | PR | <input checked="" type="checkbox"/> |
| 211278 | WELL | PR | 11/11/1995 | GW | 045-07037 | DOE PW-3-20 | PR | <input checked="" type="checkbox"/> |
| 263758 | WELL | PR | 11/17/2002 | GW | 045-08138 | FEDERAL PA 34-20 | PR | <input checked="" type="checkbox"/> |
| 263759 | WELL | PR | 11/17/2002 | GW | 045-08139 | FEDERAL PA 334-20 | PR | <input checked="" type="checkbox"/> |
| 420830 | WELL | PR | 04/02/2012 | GW | 045-20240 | Federal PA 24-20 | PR | <input checked="" type="checkbox"/> |
| 420831 | WELL | PR | 04/05/2012 | GW | 045-20241 | Federal PA 443-20 | PR | <input checked="" type="checkbox"/> |
| 420832 | WELL | PR | 04/04/2012 | GW | 045-20242 | Federal PA 533-20 | PR | <input checked="" type="checkbox"/> |
| 420833 | WELL | PR | 04/05/2012 | GW | 045-20243 | Federal PA 343-20 | PR | <input checked="" type="checkbox"/> |
| 420835 | WELL | PR | 04/04/2012 | GW | 045-20244 | Federal PA 543-20 | PR | <input checked="" type="checkbox"/> |

Inspector Name: LONGWORTH, MIKE

| | | | | | | | | |
|--------|------|----|------------|----|-----------|-------------------|----|-------------------------------------|
| 420836 | WELL | PR | 04/02/2012 | GW | 045-20245 | Federal PA 544-20 | PR | <input checked="" type="checkbox"/> |
| 420838 | WELL | PR | 04/05/2012 | GW | 045-20246 | Federal PA 324-20 | PR | <input checked="" type="checkbox"/> |
| 420839 | WELL | PR | 04/05/2012 | GW | 045-20247 | Federal PA 44-20 | PR | <input checked="" type="checkbox"/> |
| 420840 | WELL | PR | 04/05/2012 | GW | 045-20248 | Federal PA 433-20 | PR | <input checked="" type="checkbox"/> |
| 420841 | WELL | PR | 04/05/2012 | GW | 045-20249 | Federal PA 524-20 | PR | <input checked="" type="checkbox"/> |
| 420842 | WELL | PR | 04/02/2012 | GW | 045-20250 | Federal PA 444-20 | PR | <input checked="" type="checkbox"/> |
| 420843 | WELL | PR | 04/02/2012 | GW | 045-20251 | Federal PA 43-20 | PR | <input checked="" type="checkbox"/> |
| 420845 | WELL | PR | 04/02/2012 | GW | 045-20252 | Federal PA 534-20 | PR | <input checked="" type="checkbox"/> |
| 420846 | WELL | PR | 04/02/2012 | GW | 045-20253 | Federal PA 344-20 | PR | <input checked="" type="checkbox"/> |
| 420847 | WELL | PR | 05/13/2012 | GW | 045-20254 | Federal PA 33-20 | PR | <input checked="" type="checkbox"/> |
| 420849 | WELL | PR | 04/04/2012 | GW | 045-20255 | Federal PA 434-20 | PR | <input checked="" type="checkbox"/> |
| 420850 | WELL | PR | 04/04/2012 | GW | 045-20256 | Federal PA 333-20 | PR | <input checked="" type="checkbox"/> |
| 420877 | WELL | PR | 04/02/2012 | GW | 045-20257 | Federal PA 521-29 | PR | <input checked="" type="checkbox"/> |
| 420883 | WELL | PR | 04/03/2012 | GW | 045-20258 | Federal PA 421-29 | PR | <input checked="" type="checkbox"/> |
| 420885 | WELL | PR | 04/02/2012 | GW | 045-20259 | Federal PA 431-29 | PR | <input checked="" type="checkbox"/> |
| 420886 | WELL | PR | 04/03/2012 | GW | 045-20260 | Federal PA 621-29 | PR | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

| | | | |
|--------------------------------------|--------------------------------|-----------------------------|---------------------------------|
| Special Purpose Pits: <u>1</u> | Drilling Pits: <u> </u> | Wells: <u>25</u> | Production Pits: <u> </u> |
| Condensate Tanks: <u>5</u> | Water Tanks: <u>1</u> | Separators: <u>25</u> | Electric Motors: <u> </u> |
| Gas or Diesel Mortors: <u> </u> | Cavity Pumps: <u> </u> | LACT Unit: <u> </u> | Pump Jacks: <u> </u> |
| Electric Generators: <u> </u> | Gas Pipeline: <u> </u> | Oil Pipeline: <u> </u> | Water Pipeline: <u> </u> |
| Gas Compressors: <u> </u> | VOC Combustor: <u> </u> | Oil Tanks: <u> </u> | Dehydrator Units: <u> </u> |
| Multi-Well Pits: <u> </u> | Pigging Station: <u> </u> | Flare: <u> </u> | Fuel Tanks: <u> </u> |

Location**Signs/Marker:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------------------|------------------------------|---------|-------------------|---------|
| TANK LABELS/PLACARDS | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |
| BATTERY | SATISFACTORY | | | |
| CONTAINERS | SATISFACTORY | | | |

Emergency Contact Number (S/A/V): SATISFACTORYCorrective Date:

Inspector Name: LONGWORTH, MIKE

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 | | | |
| SEPARATOR | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |

Equipment:

| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-----------------------------|----|------------------------------|---|-------------------|---------|
| Bird Protectors | 13 | SATISFACTORY | | | |
| Horizontal Heated Separator | 7 | SATISFACTORY | | | |
| Ancillary equipment | 4 | SATISFACTORY | Chemical containers 3 at wells and 1 at separators | | |
| Horizontal Heated Separator | 20 | SATISFACTORY | | | |
| Emission Control Device | 1 | SATISFACTORY | | | |
| Plunger Lift | 20 | SATISFACTORY | | | |
| Plunger Lift | 3 | SATISFACTORY | | | |

Facilities:☐ New Tank

Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|-----------|--------|
| PRODUCED WATER | 1 | 300 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 | | | | |

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

Comment: Same berm as condensate tanks

Facilities:☐ New Tank

Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------|---|----------|------|--------|
|----------|---|----------|------|--------|

Inspector Name: LONGWORTH, MIKE

| | | | | | |
|------------------------|--------------|---------------------|---------------------|------------------|--|
| CONDENSATE | 3 | 300 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 | |
| NO | | |

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

Predrill

Location ID: 335242

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:

| Group | User | Comment | Date |
|-------|-----------|--|------------|
| OGLA | kubeczkod | Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during operations; including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures sufficiently protective of nearby surface water. If fluids are conveyed via pipeline, operator must implement best management practices to contain any unintentional release of fluids. Any berm constructed at the well pad location will be stabilized, inspected at regular intervals (at least every 14 days), and maintained in good condition. | 12/09/2010 |
| OGLA | kubeczkod | Operator must implement best management practices to contain any unintentional release of fluids, including any fluid conveyed via temporary surface pipelines. | 12/09/2010 |
| OGLA | kubeczkod | The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1. | 12/09/2010 |

| | | | |
|------|-----------|--|------------|
| OGLA | kubeczkod | The location is in an area of high run off/run-on potential; therefore the pad shall be constructed to prevent any stormwater run-on and/or stormwater runoff. Standard stormwater BMPs must be implemented at this location to insure compliance with CDPHE and COGCC requirements and to prevent any stormwater run-on and /or stormwater runoff. | 12/09/2010 |
| OGLA | kubeczkod | Flowback and stimulation fluids must be sent to tanks to allow the sand to settle out before the fluids can be placed into any pipeline or pit (if constructed) located on the well pad. The flowback and stimulation fluid tanks must be placed on the well pad in an area with additional downgradient perimeter berming. The area where flowback fluids will be stored/reused must be constructed to be sufficiently impervious to contain any spilled or released material (per Rule 604.a.(4)). | 12/09/2010 |
| OGLA | kubeczkod | A closed loop system (which Williams has already indicated on the Form 2A) must be implemented during drilling. | 12/09/2010 |

S/A/V: SATISFACTORY**Comment:**

Drilling and completions are complete.

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: 211003 Type: WELL API Number: 045-06761 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Inspector Name: LONGWORTH, MIKE

| | | | | | | | | | |
|--|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 211278 | Type: | WELL | API Number: | 045-07037 | Status: | PR | Insp. Status: | PR |
| <div><div>Producing Well</div><div>Comment: Producing well</div></div> | | | | | | | | | |
| Facility ID: | 263758 | Type: | WELL | API Number: | 045-08138 | Status: | PR | Insp. Status: | PR |
| <div><div>Producing Well</div><div>Comment: Producing well</div></div> | | | | | | | | | |
| Facility ID: | 263759 | Type: | WELL | API Number: | 045-08139 | Status: | PR | Insp. Status: | PR |
| <div><div>Producing Well</div><div>Comment: Producing well</div></div> | | | | | | | | | |
| Facility ID: | 420830 | Type: | WELL | API Number: | 045-20240 | Status: | PR | Insp. Status: | PR |
| <div><div>Producing Well</div><div>Comment: Producing well</div></div> | | | | | | | | | |
| Facility ID: | 420831 | Type: | WELL | API Number: | 045-20241 | Status: | PR | Insp. Status: | PR |
| <div><div>Producing Well</div><div>Comment: Producing well</div></div> | | | | | | | | | |
| Facility ID: | 420832 | Type: | WELL | API Number: | 045-20242 | Status: | PR | Insp. Status: | PR |
| <div><div>Producing Well</div><div>Comment: Producing well</div></div> | | | | | | | | | |
| Facility ID: | 420833 | Type: | WELL | API Number: | 045-20243 | Status: | PR | Insp. Status: | PR |
| <div><div>Producing Well</div><div>Comment: Producing well</div></div> | | | | | | | | | |
| Facility ID: | 420835 | Type: | WELL | API Number: | 045-20244 | Status: | PR | Insp. Status: | PR |
| <div><div>Producing Well</div><div>Comment: Producing well</div></div> | | | | | | | | | |
| Facility ID: | 420836 | Type: | WELL | API Number: | 045-20245 | Status: | PR | Insp. Status: | PR |
| <div><div>Producing Well</div><div>Comment: Producing well</div></div> | | | | | | | | | |
| Facility ID: | 420838 | Type: | WELL | API Number: | 045-20246 | Status: | PR | Insp. Status: | PR |
| <div><div>Producing Well</div><div>Comment: Producing well</div></div> | | | | | | | | | |
| Facility ID: | 420839 | Type: | WELL | API Number: | 045-20247 | Status: | PR | Insp. Status: | PR |
| <div><div>Producing Well</div><div>Comment: Producing well</div></div> | | | | | | | | | |
| Facility ID: | 420840 | Type: | WELL | API Number: | 045-20248 | Status: | PR | Insp. Status: | PR |

| | | | | |
|--------------------------------|------------|-----------------------|------------|------------------|
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 420841 | Type: WELL | API Number: 045-20249 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 420842 | Type: WELL | API Number: 045-20250 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 420843 | Type: WELL | API Number: 045-20251 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 420845 | Type: WELL | API Number: 045-20252 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 420846 | Type: WELL | API Number: 045-20253 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 420847 | Type: WELL | API Number: 045-20254 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 420849 | Type: WELL | API Number: 045-20255 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 420850 | Type: WELL | API Number: 045-20256 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 420877 | Type: WELL | API Number: 045-20257 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 420883 | Type: WELL | API Number: 045-20258 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 420885 | Type: WELL | API Number: 045-20259 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |

Facility ID: 420886 Type: WELL API Number: 045-20260 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: OTHER, RANGELAND

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?

Inspector Name: LONGWORTH, MIKE

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: RANGELAND

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---|
| Seeding | | | | | | |
| | | Compaction | Pass | | | |
| Compaction | Pass | | | | | |
| Berms | Pass | | | | | |
| | | Ditches | Pass | | | |
| Ditches | Pass | | | | | |
| | | | | MHSP | Pass | Secondary containment under chemical containers |
| Rip Rap | Pass | | | | | |
| | | Gravel | Pass | | | |

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| | | | | | |
|------------------|------|----------|------|--|--|
| Slope Roughening | Pass | | | | |
| | | Culverts | Pass | | |
| Gravel | Pass | | | | |

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT