

**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:
05/28/2015Document Number:
668402971Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	210826	335168	BROWNING, CHUCK	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: 96850

Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Address: P O BOX 370

City: PARACHUTE State: CO Zip: 81635

- ☐ 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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Carter, Peggy	970-263-2750	Peggy.Carter@wpxenergy.co.m	Operations Engineer

Compliance Summary:QtrQtr: LOT6 Sec: 27 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)
07/15/2014	668402431	PR	AC	SATISFACTORY	I		No
07/05/2012	663800421	PR	PR	SATISFACTORY			No
10/21/2008	200197315	PR	PR	SATISFACTORY			No
01/12/2001	200014330	PR	PR	SATISFACTORY		Pass	No
10/17/1994	500142268	PR	PR			Pass	No

Inspector Comment:Routine UIC Inspection.**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
210826	WELL	SI	05/06/2015	GW	045-06584	Federal DOE 1-W-27	AC	<input checked="" type="checkbox"/>
271983	WELL	PR	12/03/2004	GW	045-09993	FEDERAL PA 312-27	PR	<input checked="" type="checkbox"/>
271984	WELL	PR	06/01/2004	GW	045-09994	FEDERAL PA 322-27	PR	<input checked="" type="checkbox"/>
271985	WELL	PR	11/28/2004	GW	045-09995	FEDERAL PA 12-27	PR	<input checked="" type="checkbox"/>
271986	WELL	PR	11/29/2004	GW	045-09996	FEDERAL PA 22-27	PR	<input checked="" type="checkbox"/>
283732	WELL	PR	01/08/2007	GW	045-11977	FEDERAL PA 422-27	PR	<input checked="" type="checkbox"/>
283733	WELL	PR	01/08/2007	GW	045-11976	FEDERAL PA 522-27	PR	<input checked="" type="checkbox"/>

Inspector Name: BROWNING, CHUCK

431679	WELL	PR	12/09/2013	GW	045-21860	Federal PA 421-27	PR	<input checked="" type="checkbox"/>
431680	WELL	PR	12/09/2013	GW	045-21861	Federal PA 321-27	PR	<input checked="" type="checkbox"/>
431682	WELL	PR	12/09/2013	GW	045-21862	Federal PA 21-27	PR	<input checked="" type="checkbox"/>
431683	WELL	PR	12/09/2013	GW	045-21863	Federal PA 311-27	PR	<input checked="" type="checkbox"/>
431684	WELL	PR	12/09/2013	GW	045-21864	Federal PA 411-27	PR	<input checked="" type="checkbox"/>
431685	WELL	PR	11/16/2013	GW	045-21865	Federal PA 11-27	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>13</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>12</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: <u>1</u>	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: _____

Location**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Main	SATISFACTORY			
Access	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

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

Venting:	
Yes/No	Comment
NO	

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

Predrill

Location ID: 210826

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	<p>SITE SPECIFIC COAs:</p> <p>Notify the COGCC 48 hours prior to start of pad construction, rig mobilization, spud, and start of hydraulic stimulation operations using Form 42 (the appropriate COGCC individuals will automatically be email notified, including the LGD for hydraulic stimulation operations).</p> <p>Operator must implement best management practices to contain any unintentional release of fluids, including any fluids conveyed via temporary surface pipelines or buried permanent pipelines.</p> <p>Operator must ensure secondary containment for any volume of fluids contained at well site during drilling and completion 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 (i.e., best management practices (BMPs) associated with stormwater management) sufficiently protective of nearby surface water. 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.</p> <p>The moisture content of any 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, if the drill cuttings are to be left onsite, they must also meet the applicable standards of table 910-1.</p> <p>Flowback and stimulation fluids must be sent to tanks, separators, or other containment/filtering equipment before the fluids can be placed into any pipeline, storage vessel, or lined pit (only if an amended Form 2A has been submitted/approved and a Form 15 Earthen Pit Permitted has been submitted/approved) located on the well pad; or into tanker trucks for offsite disposal. The flowback and stimulation fluid tanks, separators, or other containment/filtering equipment 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.</p> <p>Berms or other containment devices shall be constructed to be sufficiently impervious (preferably corrugated steel with poly liner) to contain any spilled or released material around crude oil, condensate, and produced water storage tanks.</p>	02/07/2013

S/A/V: _____ **Comment:** _____**CA:** _____ **Date:** _____

Wildlife BMPs:

BMP Type	Comment
Final Reclamation	<p>PRODUCTION/RECLAMATION BMP's</p> <ul style="list-style-type: none"> * Use only certified weed-free native seed in seed mixes, except for non-native plants that benefit wildlife * WPX Energy will use certified, weed free grass hay, straw, hay or other mulch materials used for the reseeding and reclamation of disturbed areas. * Install exclusionary devices to prevent bird and other wildlife access to equipment stacks, vents and openings. * Reduce visits to well-sites through remote monitoring (i.e. SCADA) and the use of multi-function contractors.
Planning	<p>PLANNING BMP's</p> <ul style="list-style-type: none"> * Share/consolidate corridors for pipeline ROWs to the maximum extent possible. * Maximize the utility of surface facilities by developing multiple wells from a single pad (directional drilling), and by co-locating multipurpose facilities (for example, well pads and compressors) to avoid unnecessary habitat fragmentation and disturbance of additional geographic areas. * Where possible, consolidate pipeline and existing roadways, or roadways that are planned for development. * Maximize use of remote telemetry for well monitoring to minimize traffic

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: 210826 Type: WELL API Number: 045-06584 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 615 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: WSTC

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 11/18/2013

Brhd: Pressure or inches of Hg 3 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC Inspection. Active injection at time of inspection.Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 271983 Type: WELL API Number: 045-09993 Status: PR Insp. Status: PR

Producing WellComment: Gas Lift

Facility ID: 271984 Type: WELL API Number: 045-09994 Status: PR Insp. Status: PR

Producing WellComment: Gas Lift

Facility ID: 271985 Type: WELL API Number: 045-09995 Status: PR Insp. Status: PR

Producing WellComment: Gas Lift

Facility ID: 271986 Type: WELL API Number: 045-09996 Status: PR Insp. Status: PR

Producing WellComment: Gas Lift

Facility ID: 283732 Type: WELL API Number: 045-11977 Status: PR Insp. Status: PR

Producing WellComment: Gas Lift

Facility ID: 283733 Type: WELL API Number: 045-11976 Status: PR Insp. Status: PR

Producing WellComment: Gas Lift

Facility ID: 431679 Type: WELL API Number: 045-21860 Status: PR Insp. Status: PR

Producing WellComment: Gas Lift

Facility ID: 431680 Type: WELL API Number: 045-21861 Status: PR Insp. Status: PR

Producing WellComment: Gas Lift

Facility ID: 431682 Type: WELL API Number: 045-21862 Status: PR Insp. Status: PR

Producing Well

Comment: Gas Lift

Facility ID: 431683 Type: WELL API Number: 045-21863 Status: PR Insp. Status: PR

Producing Well

Comment: Gas Lift

Facility ID: 431684 Type: WELL API Number: 045-21864 Status: PR Insp. Status: PR

Producing Well

Comment: Gas Lift

Facility ID: 431685 Type: WELL API Number: 045-21865 Status: PR Insp. Status: PR

Producing Well

Comment: Gas Lift

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: OTHER, RANGELAND

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 _____

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 REVEGETATIONCropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

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 ☐

Inspector Name: BROWNING, CHUCK

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass	Gravel	Pass	MHSP	Pass	
S/A/V: SATISFACTOR Corrective Date: _____ Y _____						
Comment: _____						
CA: _____						
Pits: <input type="checkbox"/> NO SURFACE INDICATION OF PIT						