

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:
05/28/2015

Document Number:
668402971

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

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

Operator Information:

| |
|---|
| OGCC Operator Number: <u>96850</u> |
| Name of Operator: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u> |
| Address: <u>P O BOX 370</u> |
| City: <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</u> |

- 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.com | 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"/> |

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

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 reseeded 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/AV: _____ **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
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____ MPP _____
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 _____ AnnMTRReq: _____

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 Well

Comment: Gas Lift

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

Producing Well

Comment: Gas Lift

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

Producing Well

Comment: Gas Lift

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

Producing Well

Comment: Gas Lift

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

Producing Well

Comment: Gas Lift

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

Producing Well

Comment: Gas Lift

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

Producing Well

Comment: Gas Lift

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

Producing Well

Comment: 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 REVEGETATION

Cropland

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

| 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: NO SURFACE INDICATION OF PIT