

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



| | | | |
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| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:
06/02/2015

Document Number:
666801017

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>288677</u> | <u>334737</u> | <u>Murray, Richard</u> | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|--------------------------------------------------|
| OGCC Operator Number: | <u>96850</u> |
| Name of Operator: | <u>WPX ENERGY ROCKY MOUNTAIN LLC</u> |
| Address: | <u>1001 17TH STREET - SUITE #1200</u> |
| City: | <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</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 |
|---------------|-------|--------------------------------------|-------------------|
| , Inspections | | COGCCInspectionReports@wpxenergy.com | Field Inspections |

Compliance Summary:

| QtrQtr: | <u>NESW</u> | Sec: | <u>6</u> | Twp: | <u>7S</u> | Range: | <u>94W</u> |
|------------|-------------|------------|-------------|-------------------------------|-----------|----------------|-----------------|
| 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 | 200236244 | PR | PR | SATISFACTORY | | | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|------------------------|-------------|-------------------------------------|
| 288670 | WELL | PR | 10/03/2007 | GW | 045-13553 | FOSSIL CREEK RWF 523-6 | PR | <input checked="" type="checkbox"/> |
| 288672 | WELL | PR | 10/03/2007 | GW | 045-13552 | FOSSIL CREEK RWF 424-6 | PR | <input checked="" type="checkbox"/> |
| 288674 | WELL | PR | 10/31/2008 | GW | 045-13551 | FOSSIL CREEK RWF 313-6 | PR | <input checked="" type="checkbox"/> |
| 288677 | WELL | PR | 10/31/2008 | GW | 045-13550 | FOSSIL CREEK RWF 13-6 | PR | <input checked="" type="checkbox"/> |
| 288678 | WELL | PR | 10/03/2007 | GW | 045-13324 | FOSSIL CREEK RWF 423-6 | PR | <input checked="" type="checkbox"/> |
| 288689 | WELL | PR | 10/31/2008 | GW | 045-13317 | FOSSIL CREEK RWF 524-6 | PR | <input checked="" type="checkbox"/> |
| 288691 | WELL | PR | 09/23/2008 | GW | 045-13316 | FOSSIL CREEK RWF 14-6 | PR | <input checked="" type="checkbox"/> |
| 288692 | WELL | PR | 09/30/2008 | GW | 045-13315 | FOSSIL CREEK RWF 314-6 | PR | <input checked="" type="checkbox"/> |
| 288693 | WELL | PR | 10/31/2008 | GW | 045-13314 | FOSSIL CREEK RWF 23-6 | PR | <input checked="" type="checkbox"/> |
| 288694 | WELL | PR | 09/30/2008 | GW | 045-13313 | FOSSIL CREEK RWF 513-6 | PR | <input checked="" type="checkbox"/> |

Inspector Name: Murray, Richard

| | | | | | | | | |
|--------|------|----|------------|----|-----------|---------------------------|----|---|
| 288695 | WELL | PR | 10/03/2007 | GW | 045-13312 | FOSSIL CREEK RWF 413-6 | PR | ✗ |
| 288696 | WELL | PR | 10/03/2007 | GW | 045-13311 | FOSSIL CREEK RWF 324-6 | PR | ✗ |
| 288697 | WELL | PR | 10/31/2008 | GW | 045-13310 | FOSSIL CREEK RWF 514-6 | PR | ✗ |
| 288699 | WELL | PR | 10/03/2007 | GW | 045-13309 | FOSSIL CREEK RWF 24-6 | PR | ✗ |
| 288718 | WELL | PR | 10/03/2007 | GW | 045-13554 | FOSSIL CREEK RWF 323-6 | PR | ✗ |

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 |
| BATTERY | SATISFACTORY | AIRS ID 045-1911-001 | | |

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

| Spills: | | | | |
|--------------------------------------------------------|------|--------|-------------------|---------|
| Type | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| Equipment: | | | | | |
|-----------------------------|----|------------------------------|---------------------------|-------------------|---------|
| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Plunger Lift | 15 | SATISFACTORY | | | |
| Horizontal Heated Separator | 15 | SATISFACTORY | | | |
| Gas Meter Run | 1 | SATISFACTORY | | | |
| Ancillary equipment | 2 | SATISFACTORY | Chemical unit at wellhead | | |

| Venting: | |
|-----------------|------------------------|
| Yes/No | Comment |
| YES | Bradenhead valves open |

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

Predrill

Location ID: 288677

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

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: 288670 Type: WELL API Number: 045-13553 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 288672 Type: WELL API Number: 045-13552 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 288674 Type: WELL API Number: 045-13551 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

| | | | | |
|--------------------------------------------------------|------------|-----------------------|------------|------------------|
| Facility ID: 288677 | Type: WELL | API Number: 045-13550 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Plunger lift | | | | |
| Facility ID: 288678 | Type: WELL | API Number: 045-13324 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Plunger lift | | | | |
| Facility ID: 288689 | Type: WELL | API Number: 045-13317 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Plunger lift | | | | |
| Facility ID: 288691 | Type: WELL | API Number: 045-13316 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Plunger lift | | | | |
| Facility ID: 288692 | Type: WELL | API Number: 045-13315 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Plunger lift | | | | |
| Facility ID: 288693 | Type: WELL | API Number: 045-13314 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Plunger lift | | | | |
| Facility ID: 288694 | Type: WELL | API Number: 045-13313 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Plunger lift | | | | |
| Facility ID: 288695 | Type: WELL | API Number: 045-13312 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Plunger lift | | | | |
| Facility ID: 288696 | Type: WELL | API Number: 045-13311 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Plunger lift | | | | |
| Facility ID: 288697 | Type: WELL | API Number: 045-13310 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Plunger lift | | | | |
| Facility ID: 288699 | Type: WELL | API Number: 045-13309 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Plunger lift | | | | |
| Facility ID: 288718 | Type: WELL | API Number: 045-13554 | Status: PR | Insp. Status: PR |

Producing Well

Comment: **Plunger 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): 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? _____

Inspector Name: Murray, Richard

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | Culverts | Pass | | | |
| | | Ditches | Pass | | | |
| | | Gravel | Pass | | | |
| Compaction | Pass | | | | | |
| Gravel | Pass | | | | | |

S/A/V: SATISFACTOR Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

