

Inspector Name: Maclaren, Joe

**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:  
07/16/2015Document Number:  
674602088Overall Inspection:  
SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 213985      | 311917 | Maclaren, Joe   | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 96705Name of Operator: WPX ENERGY PRODUCTION LLCAddress: P O BOX 3102 MS-25-2City: TULSA State: OK Zip: 74101

- ☐ 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         |
|------------------|----------------|-------------------------------|-----------------|
| Jaramillo, Marie |                | Marie.jaramillo@wpxenergy.com | SW Insp Reports |
| Granillo, Lacey  | (505)-333-1816 | lacey.granillo@wpxenergy.com  | Permitting      |

**Compliance Summary:**QtrQtr: SWSE Sec: 26 Twp: 33N Range: 8W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 06/20/2007 | 200120546 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 02/03/2006 | 200088323 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 02/12/2004 | 200052824 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 03/04/2003 | 200037941 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 08/10/2001 | 200020573 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 06/20/2000 | 200007544 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 09/25/1997 | 500146535 | ES         | PR          |                               |          | Pass           | No              |
| 09/19/1997 | 500146534 | ES         | PR          |                               |          | Fail           | Yes             |
| 03/26/1996 | 500146533 | PR         | PR          |                               |          | Pass           | No              |
| 07/26/1994 | 500146532 | PR         | PR          |                               |          | Pass           | No              |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name    | Insp Status                            |
|-------------|------|--------|-------------|------------|-----------|------------------|--|
| 105454      | PIT  |        | 09/23/1999  |            | -         | DOCAR 2          | <input type="checkbox"/>               |
| 213985      | WELL | PR     | 09/06/1962  | GW         | 067-05267 | DOCAR GAS UNIT 2 | PR <input checked="" type="checkbox"/> |
| 215788      | WELL | PR     | 03/01/2009  | OBW        | 067-07393 | DOCAR 33-8-26 2  | PR <input type="checkbox"/>            |

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|        |      |    |            |    |           |                 |    |  |
|--------|------|----|------------|----|-----------|-----------------|----|--|
| 284271 | WELL | PR | 03/01/2012 | GW | 067-09132 | DOCAR 33-8-26 5 | 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**Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

**Good Housekeeping:**

| Type  | Satisfactory/Action Required | Comment   | Corrective Action | CA Date |
|-------|------------------------------|---|-------------------|---------|
| OTHER |                              | Remove/ remediate stained soils around compressor as accumulations occur. |                   |         |

**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                 | Post and Wire |                   |         |

**Equipment:**

| Type                        | # | Satisfactory/Action Required | Comment                  | Corrective Action | CA Date |
|-----------------------------|---|------------------------------|--------------------------|-------------------|---------|
| Gas Meter Run               | 1 | SATISFACTORY                 |                          |                   |         |
| Compressor                  | 1 | SATISFACTORY                 |                          |                   |         |
| Ancillary equipment         | 1 | SATISFACTORY                 | Telemetry Equipment      |                   |         |
| Plunger Lift                | 1 | SATISFACTORY                 |                          |                   |         |
| Horizontal Heated Separator | 1 | SATISFACTORY                 |                          |                   |         |
| Flow Line                   | 1 | SATISFACTORY                 |                          |                   |         |
| Ancillary equipment         | 1 | SATISFACTORY                 | Cathodic Protection Unit |                   |         |
| Bird Protectors             | 2 | SATISFACTORY                 |                          |                   |         |

**Facilities:**☐ New Tank

Tank ID: \_\_\_\_\_

| Contents       | # | Capacity | Type     | SE GPS |
|----------------|---|----------|----------|--------|
| PRODUCED WATER | 1 | OTHER    | Open Top | ,      |

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|                        |              |                     |                     |             |                  |  |
|------------------------|--------------|---------------------|---------------------|-------------|------------------|--|
| S/A/V:                 | SATISFACTORY | Comment:            | 125 BBLs            |             |                  |  |
| Corrective Action:     |              |                     |                     |             | Corrective Date: |  |
| <u>Paint</u>           |              |                     |                     |             |                  |  |
| Condition              | Adequate     |                     |                     |             |                  |  |
| Other (Content) _____  |              |                     |                     |             |                  |  |
| Other (Capacity) _____ |              |                     |                     |             |                  |  |
| Other (Type) _____     |              |                     |                     |             |                  |  |
| <u>Berms</u>           |              |                     |                     |             |                  |  |
| Type                   | Capacity     | Permeability (Wall) | Permeability (Base) | Maintenance |                  |  |
| Earth                  | Adequate     | Walls Sufficient    | Base Sufficient     | Adequate    |                  |  |
| Corrective Action      |              |                     |                     |             | Corrective Date  |  |
| Comment                |              |                     |                     |             |                  |  |

|                 |         |  |  |
|-----------------|---------|--|--|
| <u>Venting:</u> |         |  |  |
| Yes/No          | Comment |  |  |
| NO              |         |  |  |

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

**Predrill**

Location ID: 213985

**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: 213985 Type: WELL API Number: 067-05267 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Reportable: \_\_\_\_\_ GPS: Lat \_\_\_\_\_ Long \_\_\_\_\_

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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? Pass 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 ? Pass

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

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

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? Pass

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? \_\_\_\_\_ I \_\_\_\_\_

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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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction       | Pass            | Compaction              | Pass                  |               |                          |         |
| Berms            | Pass            |                         |                       |               |                          |         |
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |
| Ditches          | Pass            |                         |                       |               |                          |         |

S/A/V:

Corrective Date:

Comment:

CA:

**Pits:** ☐ NO SURFACE INDICATION OF PIT