

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:
08/24/2015

Document Number:
674701757

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 335060 | 335060 | LONGWORTH, MIKE | <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 |
|-----------------|--------------|--------------------------------------|-------------------------|
| Inspection, WPX | 970-263-2716 | COGCCInspectionReports@wpxenergy.com | WPX Inspection Mail Box |

Compliance Summary:

| | | | | | | | |
|---------|-------------|------|-----------|------|-----------|--------|------------|
| QtrQtr: | <u>SENE</u> | Sec: | <u>34</u> | Twp: | <u>6S</u> | Range: | <u>95W</u> |
|---------|-------------|------|-----------|------|-----------|--------|------------|

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/16/2015 | 674701279 | | | SATISFACTORY | | | No |
| 08/22/2014 | 674700246 | | | SATISFACTORY | | | No |
| 12/17/2013 | 663902520 | | | SATISFACTORY | | | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-------------------------|-------------|-------------------------------------|
| 210757 | WELL | PA | 08/02/2001 | DA | 045-06515 | ARCO-TOSCO W-21-34 | PA | <input type="checkbox"/> |
| 279996 | WELL | PR | 09/13/2005 | GW | 045-11159 | PUCKETT/TOSCO PA 542-34 | PR | <input checked="" type="checkbox"/> |
| 279997 | WELL | PR | 11/14/2006 | GW | 045-11158 | PUCKETT/TOSCO PA 412-35 | PR | <input checked="" type="checkbox"/> |
| 279999 | WELL | PR | 09/13/2005 | GW | 045-11157 | PUCKETT/TOSCO PA 432-34 | PR | <input checked="" type="checkbox"/> |
| 280001 | WELL | PR | 09/13/2005 | GW | 045-11156 | PUCKETT/TOSCO PA 532-34 | PR | <input checked="" type="checkbox"/> |
| 280003 | WELL | PR | 09/13/2005 | GW | 045-11155 | PUCKETT/TOSCO PA 12-35 | PR | <input checked="" type="checkbox"/> |
| 280108 | WELL | PR | 09/19/2005 | GW | 045-11192 | PUCKETT/TOSCO PA 312-35 | PR | <input checked="" type="checkbox"/> |
| 280109 | WELL | PR | 07/20/2006 | GW | 045-11193 | PUCKETT/TOSCO PA 442-34 | PR | <input checked="" type="checkbox"/> |
| 280110 | WELL | PR | 09/19/2005 | GW | 045-11194 | PUCKETT/TOSCO PA 332-34 | PR | <input checked="" type="checkbox"/> |

| | | | | | | | | |
|--------|------|----|------------|----|-----------|----------------------------|----|-------------------------------------|
| 280111 | WELL | PR | 09/19/2005 | GW | 045-11195 | PUCKETT/TOSCO PA 342-34 | PR | <input checked="" type="checkbox"/> |
| 280112 | WELL | PR | 09/19/2005 | GW | 045-11196 | PUCKETT/TOSCO PA 42-34 | PR | <input checked="" type="checkbox"/> |

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 |
| WELLHEAD | SATISFACTORY | | | |
| BATTERY | SATISFACTORY | | | |
| TANK LABELS/PLACARDS | SATISFACTORY | | | |

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

Comment: 970-285-9377

Corrective Action: _____

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

| Fencing/: | | | | |
|------------------|------------------------------|---------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| SEPARATOR | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |
| TANK BATTERY | SATISFACTORY | | | |

| Equipment: | | | | | |
|-----------------------------|----|------------------------------|---------|-------------------|---------|
| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Plunger Lift | 10 | SATISFACTORY | | | |
| Horizontal Heated Separator | 10 | SATISFACTORY | | | |
| Bird Protectors | 6 | SATISFACTORY | | | |

| Facilities: <input type="checkbox"/> New Tank Tank ID: _____ | | | | | |
|---|--------------|----------|-----------|--|--|
| Contents | # | Capacity | Type | SE GPS | |
| CONDENSATE | 1 | 300 BBLS | STEEL AST | , | |
| S/A/V: | SATISFACTORY | | Comment: | Air id 045-1395-001 | |

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

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|----------|---------------------|---------------------|-------------|
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate |

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

Facilities: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|-----------|--------|
| PRODUCED WATER | 1 | 200 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 |
|-------|----------|---------------------|---------------------|-------------|
| Earth | | | | |

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

Venting:

| Yes/No | Comment |
|--------|---------------------------|
| YES | Bradens are opne to vent. |

Flaring:

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

Predrill

Location ID: 335060

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: 279996 Type: WELL API Number: 045-11159 Status: PR Insp. Status: PR

Producing Well

Comment: Proucing well

Facility ID: 279997 Type: WELL API Number: 045-11158 Status: PR Insp. Status: PR

Producing Well

Comment: Proucing well

Facility ID: 279999 Type: WELL API Number: 045-11157 Status: PR Insp. Status: PR

Producing Well

Comment: Proucing well

| | | | | |
|------------------------|------------|-----------------------|------------|------------------|
| Facility ID: 280001 | Type: WELL | API Number: 045-11156 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Proucing well | | | | |
| Facility ID: 280003 | Type: WELL | API Number: 045-11155 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Proucing well | | | | |
| Facility ID: 280108 | Type: WELL | API Number: 045-11192 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Proucing well | | | | |
| Facility ID: 280109 | Type: WELL | API Number: 045-11193 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Proucing well | | | | |
| Facility ID: 280110 | Type: WELL | API Number: 045-11194 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Proucing well | | | | |
| Facility ID: 280111 | Type: WELL | API Number: 045-11195 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Proucing well | | | | |
| Facility ID: 280112 | Type: WELL | API Number: 045-11196 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Proucing 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:

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? _____ 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? _____

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 _____

Inspector Name: LONGWORTH, MIKE

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

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT