

**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:

09/23/2015

Document Number:

674701858

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 324330 | 324330 | LONGWORTH, MIKE | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 96850Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLCAddress: ONE WILLIAMS CENTER - FL 35City: TULSA State: OK Zip: 74172

- ☐ 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: SES Sec: 16 Twp: 5S Range: 97W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 02/09/2015 | 674700980 | | | ACTION REQUIRED | | | No |
| 07/23/2014 | 674700084 | | | SATISFACTORY | | | No |
| 06/21/2013 | 663801168 | | | SATISFACTORY | I | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|----------------------|-------------|-------------------------------------|
| 279362 | PIT | CL | 10/04/2012 | | - | TR 24-16 597 | CL | <input type="checkbox"/> |
| 279382 | WELL | PR | 02/14/2012 | GW | 045-11029 | CHEVRON TR 24-16-597 | 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 |
| TANK LABELS/PLACARDS | ACTION REQUIRED | No labels on 2 heated tanks in battery. | Install sign to comply with rule 210. | 10/24/2015 |
| BATTERY | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |
| CONTAINERS | 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 |
| TANK BATTERY | SATISFACTORY | | | |
| SEPARATOR | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |

| Equipment: | | | | | |
|-----------------------------|---|------------------------------|---------|-------------------|---------|
| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Horizontal Heated Separator | 1 | SATISFACTORY | | | |
| Bird Protectors | 5 | SATISFACTORY | | | |
| Plunger Lift | 1 | SATISFACTORY | | | |
| Dehydrator | 1 | SATISFACTORY | | | |
| Ancillary equipment | 1 | SATISFACTORY | | | |

| Facilities: | | | | |
|-----------------------------------|--------------|----------------|------------------|------------------|
| <input type="checkbox"/> New Tank | | Tank ID: _____ | | |
| Contents | # | Capacity | Type | SE GPS |
| CONDENSATE | 1 | 300 BBLS | HEATED 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 |
| Metal | | | | |

Inspector Name: LONGWORTH, MIKE

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

Facilities: ☐ New Tank Tank ID: _____

| | | | | |
|----------|---|----------|-----------|--------|
| Contents | # | Capacity | Type | SE GPS |
| METHANOL | 1 | <50 BBLS | STEEL AST | , |

| | | | | | |
|--------|--------------|----------|--|--|--|
| S/A/V: | SATISFACTORY | Comment: | | | |
|--------|--------------|----------|--|--|--|

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

Paint

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

Other (Content) _____

Other (Capacity) 500 gallons _____

Other (Type) _____

Berms

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

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

Facilities: ☐ New Tank Tank ID: _____

| | | | | |
|------------|---|----------|-----------|--------|
| Contents | # | Capacity | Type | SE GPS |
| CONDENSATE | 1 | 300 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 |
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate |

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

Facilities: ☐ New Tank Tank ID: _____

| | | | | |
|----------|---|----------|------------------|--------|
| Contents | # | Capacity | Type | SE GPS |
| | 2 | 300 BBLS | HEATED STEEL AST | , |

| | | | | | |
|--------|--------------|----------|--|--|--|
| S/A/V: | SATISFACTORY | Comment: | | | |
|--------|--------------|----------|--|--|--|

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

Paint

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

Other (Content) No label _____

Other (Capacity) _____

Inspector Name: LONGWORTH, MIKE

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|----------|---------------------|---------------------|-------------|
| Metal | | | | |

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

Venting:

| | |
|--------|----------------------|
| Yes/No | Comment |
| YES | Braden open to vent. |

Flaring:

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

Predrill

Location ID: 324330

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: 279382 Type: WELL API Number: 045-11029 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Inspector Name: LONGWORTH, MIKE

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? _____

Inspector Name: LONGWORTH, MIKE

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | MHSP | Pass | |
| | | Gravel | Pass | | | |
| Seeding | | | | | | |
| | | Culverts | Pass | | | |
| Gravel | Pass | | | | | |
| Check Dams | Pass | | | | | |
| | | Ditches | Pass | | | |
| | | Compaction | Pass | | | |
| | | Check Dams | Pass | | | |
| Ditches | Pass | | | | | |
| Compaction | Pass | | | | | |

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

| Permit: | Facility ID | Permit Num | Expiration Date |
|---------|-------------|------------|-----------------|
| | 279362 | 1433065 | |
| | 279362 | 1433065 | |

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|-----------------------------|---|
| 674701859 | No labels on 2 heated tanks | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3686453 |