

**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

Inspection Date:

02/15/2016

Document Number:

675202514

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 334730 | 334730 | CONKLIN, CURTIS | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 96850Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLCAddress: PO BOX 370City: PARACHUTE State: CO Zip: 81635

- ☐ 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 |
|--------------|-------|--------------------------------------|-----------------|
| WPX, Energy | | COGCCInspectionReports@wpxenergy.com | All Inspections |

Compliance Summary:QtrQtr: SWSE Sec: 22 Twp: 7S Range: 96W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 12/19/2014 | 675200980 | | | ACTION REQUIRED | | | No |
| 05/19/2014 | 663903213 | | | SATISFACTORY | P | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|-------------------------------------|
| 210972 | WELL | PR | 05/22/2001 | GW | 045-06730 | EXXON GV 33-22 | PR | <input checked="" type="checkbox"/> |
| 279730 | WELL | PR | 06/06/2006 | GW | 045-11071 | BOSELY SG 534-22 | PR | <input checked="" type="checkbox"/> |
| 279731 | WELL | PR | 05/30/2006 | GW | 045-11072 | BOSELY SG 434-22 | PR | <input checked="" type="checkbox"/> |
| 279732 | WELL | PR | 05/30/2006 | GW | 045-11073 | BOSELY SG 334-22 | 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 Motors: _____ | 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

Inspector Name: CONKLIN, CURTIS

| | | | | |
|--------------------|------------------------------|---------|-------------------|------|
| Lease Road: | | | | |
| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
| Access | SATISFACTORY | | | |

| | | | | |
|----------------------|------------------------------|---------|-------------------|---------|
| Signs/Marker: | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD | SATISFACTORY | | | |
| TANK LABELS/PLACARDS | SATISFACTORY | | | |

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

Comment: _____

Corrective Action: _____

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

| | | | | |
|----------------|------|--------|-------------------|---------|
| Spills: | | | | |
| Type | Area | Volume | Corrective action | CA Date |
| | | | | |

☐ Multiple Spills and Releases?

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

| | | | | |
|-------------------|---|-------------------------------|--|-------|
| Equipment: | | | | |
| Type: | # | Satisfactory/Action Required: | | |
| Comment | | | | |
| Corrective Action | | | | Date: |

| | | | | |
|---|--------------|----------|-----------|------------------|
| Facilities: <input type="checkbox"/> New Tank Tank ID: _____ | | | | |
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 1 | 200 BBLS | STEEL AST | , |
| S/AR | SATISFACTORY | Comment: | | |
| Corrective Action: | | | | Corrective Date: |

| | | | | |
|------------------------|----------|--|--|--|
| Paint | | | | |
| Condition | Adequate | | | |
| Other (Content) _____ | | | | |
| Other (Capacity) _____ | | | | |
| Other (Type) _____ | | | | |

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

Inspector Name: CONKLIN, CURTIS

| | | | | | | | |
|------------------------|--------------|-----------------------------------|-------------------------------|----------------|--|----------------------|--|
| Corrective Action | | | | | | Corrective Date | |
| Comment | | | | | | | |
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | | | |
| Contents | # | Capacity | Type | SE GPS | | | |
| CONDENSATE | 1 | 300 BBLS | STEEL AST | , | | | |
| S/AR | SATISFACTORY | | Comment: AIRS ID 045-0990-003 | | | | |
| 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 | | | |
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate | | | |
| Corrective Action | | | | | | Corrective Date | |
| Comment | | | | | | | |
| <u>Venting:</u> | | | | | | | |
| Yes/No | NO | | | | | | |
| Comment | | | | | | | |
| <u>Flaring:</u> | | | | | | | |
| Type | | Satisfactory/Action Required | | | | | |
| Comment: | | | | | | | |
| Corrective Action: | | | | | | Correct Action Date: | |

Predrill

Location ID: 334730

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**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: 210972 Type: WELL API Number: 045-06730 Status: PR Insp. Status: PR

Facility ID: 279730 Type: WELL API Number: 045-11071 Status: PR Insp. Status: PR

Facility ID: 279731 Type: WELL API Number: 045-11072 Status: PR Insp. Status: PR

Facility ID: 279732 Type: WELL API Number: 045-11073 Status: PR Insp. Status: PR

Environmental**Spills/Releases:**

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

Inspector Name: CONKLIN, CURTIS

| | | | |
|---|--|------------------------------|------------|
| Comment: <input style="width: 700px;" type="text"/> | | | |
| Corrective Action: _____ | | Date: _____ | |
| Reportable: _____ | GPS: Lat _____ | Long _____ | |
| Proximity to Surface Water: _____ | | Depth to Ground Water: _____ | |
| Water Well: | | | |
| | | Lat _____ | Long _____ |
| DWR Receipt Num: _____ | Owner Name: _____ | GPS : _____ | |
| Field Parameters: | | | |
| <input style="width: 300px;" type="text"/> | | | |
| Sample Location: <input style="width: 400px;" type="text"/> | | | |
| 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: <input style="width: 750px;" type="text"/> | |
| 1003a. Waste and Debris removed? _____ | |
| 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 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 | |
| <u>Cropland</u> | |
| Top soil replaced _____ | Recontoured _____ Perennial forage re-established _____ |

Inspector Name: CONKLIN, CURTIS

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 | | | | | |

S/A/V: _____ Corrective Date: _____

Comment: Could not do complete stormwater inspection due to snow cover.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT