

**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:

03/31/2016

Document Number:

674702566

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 335459 | 335459 | LONGWORTH, MIKE | <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 |
|-----------------|--------------|--------------------------------------|-------------------------|
| Inspection, WPX | 970-263-2716 | COGCCInspectionReports@wpxenergy.com | WPX Inspection Mail Box |

Compliance Summary:QtrQtr: SWNE Sec: 27 Twp: 6S Range: 96W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 02/12/2014 | 663902781 | | | SATISFACTORY | F | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 262832 | WELL | PR | 10/06/2003 | GW | 045-08058 | GM 332-27 | PR | <input checked="" type="checkbox"/> |
| 262833 | WELL | PR | 07/01/2011 | GW | 045-08059 | GM 32-27 | PR | <input checked="" type="checkbox"/> |
| 301667 | WELL | PR | 05/01/2012 | GW | 045-18211 | GM 22-27 | PR | <input checked="" type="checkbox"/> |
| 301668 | WELL | PR | 04/16/2011 | GW | 045-18212 | GM 522-27 | PR | <input checked="" type="checkbox"/> |
| 301670 | WELL | PR | 04/16/2011 | GW | 045-18214 | GM 432-27 | PR | <input checked="" type="checkbox"/> |
| 301671 | WELL | PR | 04/16/2011 | GW | 045-18215 | GM 421-27 | PR | <input checked="" type="checkbox"/> |
| 301672 | WELL | PR | 04/16/2011 | GW | 045-18216 | GM 321-27 | PR | <input checked="" type="checkbox"/> |
| 301673 | WELL | PR | 04/16/2011 | GW | 045-18217 | GM 31-27 | PR | <input checked="" type="checkbox"/> |
| 301674 | WELL | PR | 04/16/2011 | GW | 045-18218 | GM 521-27 | PR | <input checked="" type="checkbox"/> |
| 301675 | WELL | PR | 04/16/2011 | GW | 045-18219 | GM 541-27 | PR | <input checked="" type="checkbox"/> |

Inspector Name: LONGWORTH, MIKE

| | | | | | | | | |
|--------|------|----|------------|----|-----------|-----------|----|-------------------------------------|
| 301676 | WELL | PR | 04/16/2011 | GW | 045-18220 | GM 21-27 | PR | <input checked="" type="checkbox"/> |
| 301677 | WELL | PR | 04/16/2011 | GW | 045-18221 | GM 322-27 | PR | <input checked="" type="checkbox"/> |
| 301678 | WELL | PR | 03/11/2011 | GW | 045-18213 | GM 431-27 | PR | <input checked="" type="checkbox"/> |
| 301679 | WELL | PR | 04/16/2011 | GW | 045-18222 | GM 331-27 | PR | <input checked="" type="checkbox"/> |
| 301680 | WELL | PR | 04/16/2011 | GW | 045-18223 | GM 531-27 | PR | <input checked="" type="checkbox"/> |
| 301681 | WELL | PR | 04/16/2011 | GW | 045-18224 | GM 532-27 | PR | <input checked="" type="checkbox"/> |
| 301682 | WELL | PR | 04/16/2011 | GW | 045-18225 | GM 34-22 | PR | <input checked="" type="checkbox"/> |
| 419050 | PIT | | 08/27/2010 | | - | GM 32-27 | | <input 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**Lease Road:**

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|------|------------------------------|---------|-------------------|------|
| | | | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------------------|------------------------------|---------|-------------------|---------|
| WELLHEAD | SATISFACTORY | | | |
| BATTERY | SATISFACTORY | | | |
| CONTAINERS | SATISFACTORY | | | |
| TANK LABELS/PLACARDS | SATISFACTORY | | | |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: 970-285-9377

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 |
| SEPARATOR | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |
| TANK BATTERY | SATISFACTORY | | | |

| | | | | |
|-----------------------------------|------|-------------------------------|--------------|-------|
| Equipment: | | | | |
| Type: Plunger Lift | # 17 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |
| Corrective Action | | | | Date: |
| Type: Ancillary equipment | # 2 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |
| Corrective Action | | | | Date: |
| Type: Horizontal Heated Separator | # 19 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |
| Corrective Action | | | | Date: |
| Type: Bird Protectors | # 11 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | | | | |
| Corrective Action | | | | Date: |

| | | | | |
|-----------------------------------|--------------|----------------|------------------------------|------------------|
| Facilities: | | | | |
| <input type="checkbox"/> New Tank | | Tank ID: _____ | | |
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 1 | <100 BBLS | | , |
| S/AR | SATISFACTORY | | Comment: Air id 045-1106-003 | |
| Corrective Action: | | | | Corrective Date: |

| | |
|------------------|----------|
| Paint | |
| Condition | Adequate |
| Other (Content) | _____ |
| Other (Capacity) | 80 bbl |
| Other (Type) | _____ |

| | | | | |
|-------------------|----------|---------------------|---------------------|-----------------|
| Berms | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Metal | | | | |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

| | | | | |
|-----------------------------------|--------------|----------------|------------------------------|------------------|
| Facilities: | | | | |
| <input type="checkbox"/> New Tank | | Tank ID: _____ | | |
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 2 | 300 BBLS | STEEL AST | , |
| S/AR | SATISFACTORY | | Comment: Air id 045-1106-003 | |
| Corrective Action: | | | | Corrective Date: |

| | |
|--------------|--|
| Paint | |
|--------------|--|

Inspector Name: LONGWORTH, MIKE

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

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------------------|----------|---------------------|---------------------|-----------------|
| Metal | | | | |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

Facilities: ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|--------------------|--------------|----------|------------------------------|------------------|
| CONDENSATE | 3 | 300 BBLS | STEEL AST | , |
| S/AR | SATISFACTORY | | Comment: Air id 045-1106-002 | |
| Corrective Action: | | | | Corrective Date: |

Paint

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

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------------------|----------|---------------------|---------------------|-----------------|
| Metal | Adequate | Walls Sufficent | Base Sufficient | Adequate |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

Venting:

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

Flaring:

| Type | Satisfactory/Action Required |
|--------------------|------------------------------|
| Comment: | |
| Corrective Action: | Correct Action Date: |

Predrill

Location ID: 335459

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: 262832 Type: WELL API Number: 045-08058 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 262833 Type: WELL API Number: 045-08059 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 301667 Type: WELL API Number: 045-18211 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Inspector Name: LONGWORTH, MIKE

| | | | | | | | | | |
|--|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 301668 | Type: | WELL | API Number: | 045-18212 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> | | | | | | | | | |
| Facility ID: | 301670 | Type: | WELL | API Number: | 045-18214 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> | | | | | | | | | |
| Facility ID: | 301671 | Type: | WELL | API Number: | 045-18215 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> | | | | | | | | | |
| Facility ID: | 301672 | Type: | WELL | API Number: | 045-18216 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> | | | | | | | | | |
| Facility ID: | 301673 | Type: | WELL | API Number: | 045-18217 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> | | | | | | | | | |
| Facility ID: | 301674 | Type: | WELL | API Number: | 045-18218 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> | | | | | | | | | |
| Facility ID: | 301675 | Type: | WELL | API Number: | 045-18219 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> | | | | | | | | | |
| Facility ID: | 301676 | Type: | WELL | API Number: | 045-18220 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> | | | | | | | | | |
| Facility ID: | 301677 | Type: | WELL | API Number: | 045-18221 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> | | | | | | | | | |
| Facility ID: | 301678 | Type: | WELL | API Number: | 045-18213 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> | | | | | | | | | |
| Facility ID: | 301679 | Type: | WELL | API Number: | 045-18222 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> | | | | | | | | | |
| Facility ID: | 301680 | Type: | WELL | API Number: | 045-18223 | Status: | PR | Insp. Status: | PR |

Producing WellComment: **Producing well**

Facility ID: 301681 Type: WELL API Number: 045-18224 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 301682 Type: WELL API Number: 045-18225 Status: PR Insp. Status: PR

Producing WellComment: **Producing 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. Waste and Debris removed? 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 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 REVEGETATIONCropland

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Ditches | Pass | | | | | |
| | | Ditches | Pass | | | |
| Check Dams | Pass | | | | | |

Inspector Name: LONGWORTH, MIKE

| | | | | | | |
|------------|------|------------|------|------|------|-----------------------|
| | | | | VT | Pass | Speed limit on road |
| | | | | MHSP | Pass | secondary containment |
| | | Culverts | Pass | | | |
| | | Check Dams | Pass | | | |
| Gravel | Pass | | | | | |
| | | Gravel | Pass | | | |
| Seeding | Pass | | | | | |
| | | Compaction | 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 |
| | 419050 | 2521004 | |
| | 419050 | 2521004 | |