

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:
04/07/2016
Document Number:
666802058
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>276966</u> | <u>335432</u> | <u>Murray, Richard</u> | <input type="checkbox"/> | |

Operator Information:

OGCC Operator Number: 96850
Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC
Address: PO BOX 370
City: 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 |
|---------------|-------|--------------------------------------|-------------------|
| , Inspections | | COGCCInspectionReports@wpxenergy.com | Field Inspections |

Compliance Summary:

QtrQtr: NWSW Sec: 19 Twp: 6S Range: 94W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 01/12/2015 | 666800479 | PA | PR | ACTION REQUIRED | | | No |
| 12/03/2010 | 200285747 | PR | PR | SATISFACTORY | | | No |

Inspector Comment:

Action required items noted in previous inspection have been satisfied

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|-------------------------------------|
| 276964 | WELL | PR | 05/16/2006 | GW | 045-10572 | FEDERAL RWF 12-19 | PR | <input checked="" type="checkbox"/> |
| 276966 | WELL | PR | 04/07/2006 | GW | 045-10571 | FEDERAL RWF 22-19 | PR | <input checked="" type="checkbox"/> |
| 276969 | WELL | PR | 05/16/2006 | GW | 045-10570 | FEDERAL RWF 322-19 | PR | <input checked="" type="checkbox"/> |
| 299959 | WELL | PR | 07/31/2010 | GW | 045-17805 | FEDERAL RWF 512-19 | PR | <input checked="" type="checkbox"/> |
| 299960 | WELL | PR | 04/16/2011 | GW | 045-17806 | FEDERAL RWF 312-19 | PR | <input checked="" type="checkbox"/> |
| 299961 | WELL | PR | 08/31/2010 | GW | 045-17807 | FEDERAL RWF 422-19 | PR | <input checked="" type="checkbox"/> |

Equipment:

Location Inventory

Inspector Name: Murray, Richard

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 |
|---------|------------------------------|---------|-------------------|---------|
| BATTERY | SATISFACTORY | | | |

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

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|--------|------------------------------|--------------------|-------------------|---------|
| DEBRIS | SATISFACTORY | tubing by wellhead | | |

Spills:

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

Multiple Spills and Releases?

Fencing/:

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

Equipment:

| | | | |
|-----------------------------------|-----|-------------------------------|--------------|
| Type: Ancillary equipment | # 0 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: _____ |
| Type: Plunger Lift | # 6 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: _____ |
| Type: Horizontal Heated Separator | # 6 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: _____ |

Facilities: New Tank Tank ID: _____

Inspector Name: Murray, Richard

| | | | | |
|--------------------|--------------|----------|-----------|------------------|
| Contents | # | Capacity | Type | SE GPS |
| METHANOL | 1 | OTHER | STEEL AST | |
| S/AR | SATISFACTORY | | Comment: | At separators |
| 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 Sufficent | Adequate |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

Facilities: New Tank Tank ID: _____

| | | | | |
|--------------------|--------------|-----------|-----------|-----------------------|
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 1 | <100 BBLs | STEEL AST | 39.509286,-107.936864 |
| 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 |
| Metal | Adequate | Walls Sufficent | Base Sufficent | Adequate |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

Venting:

| | |
|---------|------------------------|
| Yes/No | YES |
| Comment | Bradenhead valves open |

Flaring:

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

Predrill

Location ID: 276966

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: 276964 Type: WELL API Number: 045-10572 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 276966 Type: WELL API Number: 045-10571 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 276969 Type: WELL API Number: 045-10570 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 299959 Type: WELL API Number: 045-17805 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 299960 Type: WELL API Number: 045-17806 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 299961 Type: WELL API Number: 045-17807 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

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): N

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Waste and Debris removed? In

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 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 _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | Rip Rap | Pass | | | |
| Slope Roughening | Pass | | | | | |

Inspector Name: Murray, Richard

| | | | | | | |
|----------------|------|----------------|------|--|--|--|
| | | Culverts | Pass | | | |
| Sediment Traps | Pass | | | | | |
| Rip Rap | Pass | | | | | |
| | | Ditches | Pass | | | |
| | | Check Dams | Pass | | | |
| | | Sediment Traps | Pass | | | |
| Ditches | Pass | | | | | |
| Waddles | Pass | | | | | |

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT