

**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:

05/02/2016

Document Number:

674702667

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 335450      | 335450 | 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: SENE Sec: 29 Twp: 6S Range: 95W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 10/16/2015 | 674701936 |            |             | SATISFACTORY                  |          |                | No              |
| 09/08/2014 | 674700299 |            |             | SATISFACTORY                  |          |                | No              |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name     | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|-------------------------------------|
| 272378      | WELL | PR     | 11/10/2004  | GW         | 045-10060 | FEDERAL PA 42-29  | PR          | <input checked="" type="checkbox"/> |
| 272386      | WELL | PR     | 11/15/2004  | GW         | 045-10068 | FEDERAL PA 333-29 | PR          | <input checked="" type="checkbox"/> |
| 272393      | WELL | PR     | 11/12/2004  | GW         | 045-10070 | FEDERAL PA 342-29 | PR          | <input checked="" type="checkbox"/> |
| 276621      | WELL | PR     | 08/29/2005  | OW         | 045-10493 | FEDERAL PA 542-29 | PR          | <input checked="" type="checkbox"/> |
| 276622      | WELL | PR     | 09/22/2005  | GW         | 045-10492 | FEDERAL PA 442-29 | PR          | <input checked="" type="checkbox"/> |
| 276623      | WELL | PR     | 09/29/2005  | GW         | 045-10491 | FEDERAL PA 532-29 | PR          | <input checked="" type="checkbox"/> |
| 276624      | WELL | PR     | 10/13/2005  | GW         | 045-10490 | FEDERAL PA 432-29 | PR          | <input checked="" type="checkbox"/> |

**Equipment:****Location Inventory**

Inspector Name: LONGWORTH, MIKE

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 |
|--------|------------------------------|---------|-------------------|------|
| Access | SATISFACTORY                 |         |                   |      |

#### Signs/Marker:

| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------------------|------------------------------|---------|-------------------|---------|
| BATTERY              | SATISFACTORY                 |         |                   |         |
| WELLHEAD             | 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 |
|-------|------------------------------|---------|-------------------|---------|
| TRASH | SATISFACTORY                 |         |                   |         |
| WEEDS | SATISFACTORY                 |         |                   |         |

#### Spills:

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

☐ Multiple Spills and Releases?

#### Fencing/:

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

#### Equipment:

|                                   |             |  |
|-----------------------------------|-------------|--|
| Type: Plunger Lift                | # 7         | Satisfactory/Action Required: SATISFACTORY |
| Comment                           |             |  |
| Corrective Action                 | Date: _____ |  |
| Type: Horizontal Heated Separator | # 7         | Satisfactory/Action Required: SATISFACTORY |
| Comment                           |             |  |

Inspector Name: LONGWORTH, MIKE

|                       |     |  |
|-----------------------|-----|--|
| Corrective Action     |     | Date:                                      |
| Type: Bird Protectors | # 5 | Satisfactory/Action Required: SATISFACTORY |
| Comment               |     |  |
| Corrective Action     |     | Date:                                      |

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

| Contents   | # | Capacity | Type      | SE GPS |
|------------|---|----------|-----------|--------|
| CONDENSATE | 1 | 300 BBLS | STEEL AST | ,      |

S/AR SATISFACTORY Comment: Air id 045-1202-001

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 | 2 | <100 BBLS | STEEL AST | ,      |

S/AR SATISFACTORY Comment:

Corrective Action: Corrective Date:

Paint

Condition Adequate

Other (Content) \_\_\_\_\_

Other (Capacity) 80 bbl

Other (Type) \_\_\_\_\_

Berms

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

Corrective Action Corrective Date

Comment

**Venting:**

Yes/No NO

Comment

**Flaring:**

Type Satisfactory/Action Required

Comment:

Corrective Action:

Correct Action  
Date:**Predrill**

Location ID: 335450

**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: 272378 Type: WELL API Number: 045-10060 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 272386 Type: WELL API Number: 045-10068 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 272393 Type: WELL API Number: 045-10070 Status: PR Insp. Status: PR

Inspector Name: LONGWORTH, MIKE

**Producing Well**

Comment: **Producing well**

Facility ID: 276621 Type: WELL API Number: 045-10493 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Producing well**

Facility ID: 276622 Type: WELL API Number: 045-10492 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Producing well**

Facility ID: 276623 Type: WELL API Number: 045-10491 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Producing well**

Facility ID: 276624 Type: WELL API Number: 045-10490 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

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 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 |                          |         |
|---|-----------------|---------------------------------|-----------------------|---------------------|--------------------------|---------|
| <b>Storm Water:</b>   |                 |                                 |                       |                     |                          |         |
| Loc Erosion BMPs  | BMP Maintenance | Lease Road Erosion BMPs         | Lease BMP Maintenance | Chemical BMPs       | Chemical BMP Maintenance | Comment |
|   |                 | Gravel                          | Pass                  |                     |                          |         |
|   |                 | Ditches                         | Pass                  |                     |                          |         |
|   |                 | Compaction                      | Pass                  |                     |                          |         |
|   |                 | Culverts                        | Pass                  |                     |                          |         |
| Culverts  | Pass            |                                 |                       |                     |                          |         |
| Ditches   | Pass            |                                 |                       |                     |                          |         |
| Seeding   | Pass            |                                 |                       |                     |                          |         |
| Gravel  | Pass            |                                 |                       |                     |                          |         |
| Compaction  | Pass            |                                 |                       |                     |                          |         |
| Berms   | Pass            |                                 |                       |                     |                          |         |
| S/A/V: SATISFACTOR      Corrective Date: _____                                |                 |                                 |                       |                     |                          |         |
| Y _____   |                 |                                 |                       |                     |                          |         |
| Comment: _____  |                 |                                 |                       |                     |                          |         |
| CA: _____   |                 |                                 |                       |                     |                          |         |
| <b>Pits:</b> <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT |                 |                                 |                       |                     |                          |         |