

**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:

06/16/2016

Document Number:

675102622

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 335873      | 335873 | GRANAHAN, KYLE  | <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        |       | COGCCInspectionReports@wpxenergy.com | All inspections |

**Compliance Summary:**QtrQtr: SWNW Sec: 1 Twp: 2S Range: 98W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 12/23/2014 | 675100839 |            |             | SATISFACTORY                  |          |                | No              |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name          | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|------------------------|-------------|-------------------------------------|
| 287641      | WELL | AL     | 07/03/2007  | LO         | 103-10933 | FEDERAL RGU 12-1-298   | ND          | <input checked="" type="checkbox"/> |
| 291985      | WELL | PR     | 08/21/2007  | GW         | 103-11073 | FEDERAL RGU 22-1-298   | PR          | <input checked="" type="checkbox"/> |
| 292145      | WELL | PR     | 09/04/2007  | GW         | 103-11072 | FEDERAL RGU 12-1-298   | PR          | <input checked="" type="checkbox"/> |
| 441299      | WELL | XX     | 03/28/2015  | LO         | 103-12249 | FEDERAL RGU 524-36-198 | ND          | <input checked="" type="checkbox"/> |
| 441300      | WELL | XX     | 03/28/2015  | LO         | 103-12250 | FEDERAL RGU 312-1-298  | ND          | <input checked="" type="checkbox"/> |
| 441301      | WELL | XX     | 03/28/2015  | LO         | 103-12251 | FEDERAL RGU 322-1-298  | ND          | <input checked="" type="checkbox"/> |
| 441302      | WELL | XX     | 03/28/2015  | LO         | 103-12252 | FEDERAL RGU 521-1-298  | ND          | <input checked="" type="checkbox"/> |
| 441303      | WELL | XX     | 03/28/2015  | LO         | 103-12253 | FEDERAL RGU 421-1-298  | ND          | <input checked="" type="checkbox"/> |
| 441304      | WELL | XX     | 03/28/2015  | LO         | 103-12254 | FEDERAL RGU 424-36-198 | ND          | <input checked="" type="checkbox"/> |
| 441305      | WELL | XX     | 03/28/2015  | LO         | 103-12255 | FEDERAL RGU 342-2-298  | ND          | <input checked="" type="checkbox"/> |

Inspector Name: GRANAHAHAN, KYLE

|        |      |    |            |    |           |                        |    |   |
|--------|------|----|------------|----|-----------|------------------------|----|---|
| 441306 | WELL | XX | 03/28/2015 | LO | 103-12256 | FEDERAL RGU 512-1-298  | ND | X |
| 441307 | WELL | XX | 03/28/2015 | LO | 103-12257 | FEDERAL RGU 21-1-298   | ND | X |
| 441308 | WELL | XX | 03/28/2015 | LO | 103-12258 | FEDERAL RGU 411-1-298  | ND | X |
| 441309 | WELL | XX | 03/28/2015 | LO | 103-12259 | FEDERAL RGU 514-36-198 | ND | X |
| 441310 | WELL | XX | 03/28/2015 | LO | 103-12260 | FEDERAL RGU 311-1-298  | ND | X |
| 441311 | WELL | XX | 03/28/2015 | LO | 103-12261 | FEDERAL RGU 321-1-298  | ND | X |
| 441312 | WELL | XX | 03/28/2015 | LO | 103-12262 | FEDERAL RGU 11-1-298   | ND | X |
| 441593 | WELL | XX | 04/24/2015 | LO | 103-12266 | FEDERAL RGU 412-1-298  | ND | X |
| 441594 | WELL | XX | 04/24/2015 | LO | 103-12267 | FEDERAL RGU 13-1-298   | ND | X |
| 441595 | WELL | XX | 04/24/2015 | LO | 103-12268 | FEDERAL RGU 43-2-298   | ND | X |

**Equipment:**Location Inventory

|                              |                         |                       |                         |
|------------------------------|-------------------------|-----------------------|-------------------------|
| Special Purpose Pits: _____  | Drilling Pits: _____    | Wells: <u>20</u>      | Production Pits: _____  |
| Condensate Tanks: <u>3</u>   | Water Tanks: <u>5</u>   | Separators: <u>23</u> | Electric Motors: _____  |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____     | LACT Unit: _____      | Pump Jacks: _____       |
| Electric Generators: _____   | Gas Pipeline: _____     | Oil Pipeline: _____   | Water Pipeline: _____   |
| Gas Compressors: _____       | VOC Combustor: <u>1</u> | 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                 |         |                   |         |
| 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 |
|------|------------------------------|---------|-------------------|---------|
|      |                              |         |                   |         |

**Spills:**

Inspector Name: GRANAHAN, KYLE

| Type   | Area                         | Volume                                     | Corrective action | CA Date |
|--|------------------------------|--|-------------------|---------|
| <input type="checkbox"/> Multiple Spills and Releases? |                              |  |                   |         |
| <b>Fencing/:</b>                                       |                              |  |                   |         |
| Type   | Satisfactory/Action Required | Comment                                    | Corrective Action | CA Date |
| TANK BATTERY   | SATISFACTORY                 |  |                   |         |
| WELLHEAD   | SATISFACTORY                 |  |                   |         |
| SEPARATOR  | SATISFACTORY                 |  |                   |         |
| <b>Equipment:</b>                                      |                              |  |                   |         |
| Type: Bird Protectors                                  | # 5                          | Satisfactory/Action Required: SATISFACTORY |                   |         |
| Comment  |                              |  |                   |         |
| Corrective Action                                      |                              |  |                   | Date:   |
| Type: Deadman # & Marked                               | # 4                          | Satisfactory/Action Required: SATISFACTORY |                   |         |
| Comment  |                              |  |                   |         |
| Corrective Action                                      |                              |  |                   | Date:   |
| Type: Horizontal Heated Separator                      | # 2                          | Satisfactory/Action Required: SATISFACTORY |                   |         |
| Comment  |                              |  |                   |         |
| Corrective Action                                      |                              |  |                   | Date:   |
| Type: Plunger Lift                                     | # 2                          | Satisfactory/Action Required: SATISFACTORY |                   |         |
| Comment  |                              |  |                   |         |
| Corrective Action                                      |                              |  |                   | Date:   |

| <b>Facilities:</b>                |                 |                |                                 |                  |
|-----------------------------------|-----------------|----------------|---------------------------------|------------------|
| <input type="checkbox"/> New Tank |                 | Tank ID: _____ |                                 |                  |
| Contents                          | #               | Capacity       | Type                            | SE GPS           |
| CONDENSATE                        | 1               | 500 BBLS       | HEATED STEEL AST                | ,                |
| S/AR                              | ACTION REQUIRED |                | Comment: AIRS ID # 103-0648-001 |                  |
| Corrective Action:                |                 |                |                                 | Corrective Date: |

| <b>Paint</b>     |          |
|------------------|----------|
| Condition        | Adequate |
| Other (Content)  | _____    |
| Other (Capacity) | _____    |
| Other (Type)     | _____    |

| <b>Berms</b>      |          |                     |                     |                 |
|-------------------|----------|---------------------|---------------------|-----------------|
| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |
| Earth             | Adequate | Walls Sufficient    | Base Sufficient     | Adequate        |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           |          |                     |                     |                 |

| <b>Facilities:</b>                |   |                |                  |        |
|-----------------------------------|---|----------------|------------------|--------|
| <input type="checkbox"/> New Tank |   | Tank ID: _____ |                  |        |
| Contents                          | # | Capacity       | Type             | SE GPS |
| PRODUCED WATER                    | 2 | 500 BBLS       | HEATED STEEL AST | ,      |

Inspector Name: GRANAHAN, KYLE

|                    |              |                     |                     |                  |
|--------------------|--------------|---------------------|---------------------|------------------|
| S/AR               | SATISFACTORY | Comment:            |                     |                  |
| Corrective Action: |              |                     |                     | Corrective Date: |
| <b>Paint</b>       |              |                     |                     |                  |
| Condition          | Adequate     |                     |                     |                  |
| Other (Content)    |              |                     |                     |                  |
| Other (Capacity)   |              |                     |                     |                  |
| Other (Type)       |              |                     |                     |                  |
| <b>Berms</b>       |              |                     |                     |                  |
| Type               | Capacity     | Permeability (Wall) | Permeability (Base) | Maintenance      |
|                    |              |                     |                     |                  |
| Corrective Action  |              |                     |                     | Corrective Date  |
| Comment            |              |                     |                     |                  |

**Venting:**

|         |    |
|---------|----|
| Yes/No  | NO |
| Comment |    |

**Flaring:**

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

**Predrill**

Location ID: 335873

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/AR:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

| Group | User     | Comment   | Date       |
|-------|----------|---|------------|
| OGLA  | kubeczkd | Notify the COGCC 48 hours prior to start of pad reconstruction/regrading (if necessary), rig mobilization, spud, start of hydraulic stimulation operations, start of flowback operations (if different than hydraulic stimulation), and pipeline testing using Form 42 (the appropriate COGCC individuals will automatically be email notified, including the LGD for hydraulic stimulation operations).  | 03/18/2015 |
| OGLA  | kubeczkd | Operator must ensure secondary containment for any volume of fluids contained at well site during drilling and completion operations; including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures (i.e., best management practices (BMPs) associated with stormwater management) sufficiently protective of nearby surface water. Any berm constructed at the well pad location will be stabilized, inspected at regular intervals (at least every 14 days per CDPHE regulations and after significant precipitation events), and maintained in good condition. | 03/18/2015 |

|      |          |  |            |
|------|----------|--|------------|
| OGLA | kubeczkd | <p>Operator shall pressure test pipelines in accordance with Rule 1101.e.(1) prior to putting into initial service any temporary surface or permanent buried pipelines and following any reconfiguration of the pipeline network.</p> <p>Operator must routinely inspect the entire length of the surface pipeline to ensure integrity. Operator shall conduct daily inspections of surface poly pipeline routes for leaks during active transfer of fluids and implement best management practices to contain any unintentional release of fluids along all portions of the surface pipeline route where temporary pumps and other necessary equipment are located. Inspections shall be conducted by viewing the length of the pipeline; operator will endeavor to minimize surface disturbance during pipeline monitoring. In addition, pump stations along the surface poly or steel pipeline route will be continuously monitored when operating in order to swiftly respond to such a failure.</p>   | 03/18/2015 |
| OGLA | kubeczkd | <p>The moisture content of drill cuttings managed onsite shall be kept as low as practicable to prevent accumulation of liquids greater than de minimis amounts. After drilling and completion operations have been completed, the drill cuttings that will remain on the well pad location (cuttings management area, the cut portion of the pad, cuttings trench, dry cuttings drilling pit), must meet the applicable standards of Table 910-1. After the drill cuttings have been amended (if necessary) and placed on the well pad, sampling frequency of the drill cuttings (to be determined by the operator) shall be representative of the material left on location. No offsite disposal of cuttings to another oil and gas location shall occur without prior approval of a Waste Management Plan (submitted via a Form 4 Sundry Notice) specifying disposal location and waste characterization method. Commercial disposal of drill cuttings will only require notification to COGCC via a Form 4 Sundry Notice.</p> <p>If the wells are to be hydraulically stimulated, flowback and stimulation fluids must be sent to tanks, separators, or other containment/filtering equipment before the fluids can be placed into any pipeline or storage vessel located on the well pad; or into tanker trucks for offsite disposal. The flowback and stimulation fluid tanks, separators, or other containment/filtering equipment must be placed on the well pad in an area constructed to be sufficiently impervious to contain any spilled or released material.</p> | 03/18/2015 |

**S/AR:** SATISFACTORY**Comment:** COA's met at time of inspection**CA:****Date:****Wildlife BMPs:**

| BMP Type                       | Comment  |
|--------------------------------|--|
| Planning                       | <ul style="list-style-type: none"> <li>Minimize well pad density to the extent possible</li> </ul>   |
| Construction                   | <ul style="list-style-type: none"> <li>Surface roads to ensure that the anticipated volume of traffic and the weight and speed of vehicles using the road do not cause environmental damage, including generation of fugitive dust and contribution of sediment to downstream areas.</li> <li>Salvage topsoil from all road construction and other rights-of-way and re-apply during interim and final reclamation.</li> </ul>   |
| Drilling/Completion Operations | <ul style="list-style-type: none"> <li>Limit parking to already disturbed areas that have not yet been reclaimed</li> </ul>  |
| Interim Reclamation            | <ul style="list-style-type: none"> <li>Install automated emergency response systems (e.g., high tank alarms, emergency shut-down systems, etc.).</li> <li>Implement fugitive dust control program</li> <li>Evaluate the utility of soil amendment application to achieve effective reclamation.</li> <li>Use appropriately diverse reclamation seed mixes that mirror an appropriate reference area for the site being reclaimed where approved by landowner.</li> <li>Seed during appropriate season to increase likelihood of reclamation success</li> <li>Apply certified weed free mulch and crimp or tacy to remain in place to reclaim areas for seed preservation and moisture retention</li> </ul> |

Inspector Name: GRANAHAN, KYLE

|          |   |
|----------|---|
| Planning | WPX will run triple-combo open hole logs from well TD up to base of surface casing on one of the first wells drilled on a multi-well pad. Remaining wells on the pad will be logged with either cased hole pulsed neutron or triple-combo open hole. Every well will also have a CBL log from well TD up through well surface. Form 5 Completion Reports will identify wells on the pad with triple-combo open hole logs. |
|----------|---|

**S/AR:** SATISFACTORY **Comment:** COA's met at time of inspection

**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: 287641 Type: WELL API Number: 103-10933 Status: AL Insp. Status: ND

Facility ID: 291985 Type: WELL API Number: 103-11073 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR - no leaks/venting

Facility ID: 292145 Type: WELL API Number: 103-11072 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR - no leaks/venting

Facility ID: 441299 Type: WELL API Number: 103-12249 Status: XX Insp. Status: ND

Facility ID: 441300 Type: WELL API Number: 103-12250 Status: XX Insp. Status: ND

Facility ID: 441301 Type: WELL API Number: 103-12251 Status: XX Insp. Status: ND

Facility ID: 441302 Type: WELL API Number: 103-12252 Status: XX Insp. Status: ND

Facility ID: 441303 Type: WELL API Number: 103-12253 Status: XX Insp. Status: ND

|                     |            |                       |            |                  |
|---------------------|------------|-----------------------|------------|------------------|
| Facility ID: 441304 | Type: WELL | API Number: 103-12254 | Status: XX | Insp. Status: ND |
| Facility ID: 441305 | Type: WELL | API Number: 103-12255 | Status: XX | Insp. Status: ND |
| Facility ID: 441306 | Type: WELL | API Number: 103-12256 | Status: XX | Insp. Status: ND |
| Facility ID: 441307 | Type: WELL | API Number: 103-12257 | Status: XX | Insp. Status: ND |
| Facility ID: 441308 | Type: WELL | API Number: 103-12258 | Status: XX | Insp. Status: ND |
| Facility ID: 441309 | Type: WELL | API Number: 103-12259 | Status: XX | Insp. Status: ND |
| Facility ID: 441310 | Type: WELL | API Number: 103-12260 | Status: XX | Insp. Status: ND |
| Facility ID: 441311 | Type: WELL | API Number: 103-12261 | Status: XX | Insp. Status: ND |
| Facility ID: 441312 | Type: WELL | API Number: 103-12262 | Status: XX | Insp. Status: ND |
| Facility ID: 441593 | Type: WELL | API Number: 103-12266 | Status: XX | Insp. Status: ND |
| Facility ID: 441594 | Type: WELL | API Number: 103-12267 | Status: XX | Insp. Status: ND |
| Facility ID: 441595 | Type: WELL | API Number: 103-12268 | Status: XX | Insp. Status: ND |

### 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:

Inspector Name: GRANAHAH, KYLE

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: RANGELAND

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? Pass

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors marked? Pass

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: RANGELAND

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 \_\_\_\_\_



Inspector Name: GRANAHAN, KYLE

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Berms            | Pass            |                         |                       |               |                          |         |
| Compaction       | Pass            |                         |                       |               |                          |         |
| Gravel           | Pass            |                         |                       |               |                          |         |

S/A/V: SATISFACTOR Corrective Date: \_\_\_\_\_  
Y \_\_\_\_\_

Comment: No sediment flow evident

CA: \_\_\_\_\_

**Pits:** ☒ NO SURFACE INDICATION OF PIT