

**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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:

07/16/2013

Document Number:

663801276

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|-----------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection |
| | 334802 | 334802 | LONGWORTH, MIKE | <input type="checkbox"/> 2A Doc Num: _____ |

Operator Information:

OGCC Operator Number: 96850 Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLC

Address: 1001 17TH STREET - SUITE #1200

City: DENVER

State: CO

Zip: 80202

Contact Information:

| Contact Name | Phone | Email | Comment |
|------------------|------------------------|-------------------------------|------------------------------------|
| KELLERBY, SHAUN | | shaun.kellerby@state.co.us | |
| Gardner, Michael | 970/285-9377 ext. 2760 | Michael.Gardner@WPXEnergy.com | Principal Environmental Specialist |
| Moss, Brad | (970) 285-9377 | Brad.Moss@WPXEnergy.com | Production foreman |

Compliance Summary:

QtrQtr: SWNE Sec: 3 Twp: 7S Range: 96W

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|------------------------|-------------------------------------|
| 211553 | WELL | PR | 12/17/1999 | GW | 045-07313 | AMERICAN SODA GM 268-3 | <input checked="" type="checkbox"/> |
| 271406 | WELL | PR | 07/01/2004 | OW | 045-09875 | AMERICAN SODA GM 532-3 | <input checked="" type="checkbox"/> |
| 271407 | WELL | PR | 07/09/2004 | OW | 045-09874 | AMERICAN SODA GM 432-3 | <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 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/Unsatisfactory | comment | Corrective Action | Date |
|--------|-----------------------------|------------------------|-------------------|------------|
| Access | Unsatisfactory | Access road is rutted. | Maintain road | 08/02/2013 |

Signs/Marker:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------|-----------------------------|------------------------------|-------------------|---------|
| WELLHEAD | Satisfactory | Signs are down for workover. | | |

Inspector Name: LONGWORTH, MIKE

| | | | | |
|------------|--------------|--|--|--|
| CONTAINERS | Satisfactory | | | |
|------------|--------------|--|--|--|

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

| Good Housekeeping: | | | | |
|--------------------|-----------------------------|--|--------------------------|------------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| TRASH | Unsatisfactory | Gloves, rags, and scraps of fencing on north side in reclaim area. | Pick up and remove trash | 07/26/2013 |

| Spills: | | | | |
|--|----------|-----------|----------------------------|------------|
| Type | Area | Volume | Corrective action | CA Date |
| Lube Oil | WELLHEAD | <= 5 bbls | staining around well 532-3 | 07/19/2013 |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| Fencing: | | | | |
|----------|-----------------------------|-----------------------------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Satisfactory | Fence is down for workover. | | |

| Equipment: | | | | | |
|---------------------|---|-----------------------------|--|-------------------|---------|
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Ancillary equipment | 1 | Satisfactory | Chemical tote at wells has netting and secondary containment | | |
| Deadman # & Marked | 4 | Satisfactory | | | |
| Plunger Lift | 3 | Satisfactory | | | |

| | | | | | | | | |
|--------------------|--|---|----------|-------------------------------------|--------|-----------------------------------|----------------|--|
| Facilities: | | | | | | <input type="checkbox"/> New Tank | Tank ID: _____ | |
| Contents | | # | Capacity | Type | SE GPS | | | |
| | | | | | , | | | |
| S/U/V: | | | Comment: | Remote facilities with loc. #311588 | | | | |
| Corrective Action: | | | | | | Corrective Date: | | |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

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

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

| | | | | |
|-----------------|-----------------------------|---------|-------------------|---------|
| Flaring: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 334802

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****Comment:** _____**CA:** _____ **Date:** _____**Stormwater:**

| | | | |
|--------------|---------|------------|---------|
| Erosion BMPs | Present | Other BMPs | Present |
| | | | |

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

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: 211553 Type: WELL API Number: 045-07313 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 271406 Type: WELL API Number: 045-09875 Status: PR Insp. Status: PR

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: Production valves shut. Fence down around well and tubing laying the well.

Facility ID: 271407 Type: WELL API Number: 045-09874 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:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

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. Debris removed? ☐ Pass ☐ CM _____

CA _____ CA Date _____

Waste Material Onsite? ☐ Pass ☐ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? In CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass CM _____

CA _____ CA Date _____

Guy line anchors removed? CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass CM _____

CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? Pass

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 In Process

| | |
|---|--|
| Date Final Reclamation Started: _____ | Date Final Reclamation Completed: _____ |
| Final Land Use: _____ | |
| Reminder: _____ | |
| Comment: | <div style="border: 1px solid black; height: 40px;"></div> |
| 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: | <div style="border: 1px solid black; height: 40px;"></div> |
| Corrective Action: <div style="border: 1px solid black; height: 40px;"></div> | Date _____ |
| Overall Final Reclamation <input type="checkbox"/> | Multi-Well Location <input type="checkbox"/> |

Inspector Name: LONGWORTH, MIKE

| Storm Water: | | | | | | |
|---------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Seeding | | Gravel | Pass | | | |
| Ditches | Pass | Culverts | Pass | | | |
| Gravel | Pass | Ditches | Fail | | | |
| Compaction | Pass | Compaction | Pass | | | |
| Berms | Pass | Berms | Pass | MHSP | Pass | |

S/U/V: **Unsatisfactory** Corrective Date: **08/02/2013**

Comment: Access road BMP ditch needs cleaned out.

CA: Maintain BMPs