

**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:  
01/02/2015

Document Number:  
674700827

Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                        |                    |                          |
|---------------------|---------------|---------------|------------------------|--------------------|--------------------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:        | On-Site Inspection | <input type="checkbox"/> |
|                     | <u>334887</u> | <u>334887</u> | <u>LONGWORTH, MIKE</u> | 2A Doc Num:        | _____                    |

**Operator Information:**

|                       |  |
|-----------------------|--|
| OGCC Operator Number: | <u>96850</u>                                     |
| Name of Operator:     | <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>             |
| Address:              | <u>1001 17TH STREET - SUITE #1200</u>            |
| City:                 | <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> |

- 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:    | <u>SESE</u> | Sec:       | <u>2</u>    | Twp:                          | <u>7S</u> | Range:         | <u>96W</u>      |
|------------|-------------|------------|-------------|-------------------------------|-----------|----------------|-----------------|
| Insp. Date | Doc Num     | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I  | Pas/Fail (P/F) | Violation (Y/N) |
| 06/27/2013 | 663801200   |            |             | SATISFACTORY                  | I         |                | No              |

**Inspector Comment:**

*Solvay #GM 444-2 05-045-19360 drilling permit expired 04/20/2012.*

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name          | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|------------------------|-------------|-------------------------------------|
| 211302      | WELL | PR     | 04/13/1999  | GW         | 045-07061 | UNOCAL GM 44-2         | PR          | <input checked="" type="checkbox"/> |
| 269640      | WELL | PR     | 03/07/2004  | GW         | 045-09386 | AMERICAN SODA GM 344-2 | PR          | <input checked="" type="checkbox"/> |
| 416781      | WELL | XX     | 04/21/2010  | LO         | 045-19360 | Solvay GM 444-2        | ND          | <input type="checkbox"/>            |

**Equipment:**

Location Inventory

|                        |          |                  |          |               |          |                   |       |
|------------------------|----------|------------------|----------|---------------|----------|-------------------|-------|
| Special Purpose Pits:  | <u>1</u> | Drilling Pits:   | _____    | Wells:        | <u>3</u> | Production Pits:  | _____ |
| Condensate Tanks:      | <u>1</u> | Water Tanks:     | <u>2</u> | Separators:   | <u>3</u> | Electric Motors:  | _____ |
| Gas or Diesel Mortors: | _____    | Cavity Pumps:    | _____    | LACT Unit:    | _____    | Pump Jacks:       | _____ |
| Electric Generators:   | _____    | Gas Pipeline:    | <u>1</u> | Oil Pipeline: | _____    | Water Pipeline:   | _____ |
| Gas Compressors:       | _____    | VOC Combustor:   | _____    | Oil Tanks:    | _____    | Dehydrator Units: | _____ |
| Multi-Well Pits:       | _____    | Pigging Station: | _____    | Flare:        | _____    | Fuel Tanks:       | _____ |

**Location**

| <b>Signs/Marker:</b> |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

| <b>Spills:</b>   |      |        |                   |         |
|--|------|--------|-------------------|---------|
| 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 |
| WELLHEAD         | SATISFACTORY                 |         |                   |         |

| <b>Equipment:</b> |   |                              |         |                   |         |
|-------------------|---|------------------------------|---------|-------------------|---------|
| Type              | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Plunger Lift      | 2 | SATISFACTORY                 |         |                   |         |

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

| Contents | # | Capacity | Type | SE GPS |
|----------|---|----------|------|--------|
|          |   |          |      |        |

S/A/V: \_\_\_\_\_ Comment: **Shared facilities with Location 323933**

Corrective Action: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

**Paint**

Condition: \_\_\_\_\_

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

Other (Capacity) \_\_\_\_\_

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

**Berms**

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|------|----------|---------------------|---------------------|-------------|
|      |          |                     |                     |             |

Corrective Action: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

| <b>Venting:</b> |         |
|-----------------|---------|
| Yes/No          | Comment |
|                 |         |

| <b>Flaring:</b> |                              |         |                   |         |
|-----------------|------------------------------|---------|-------------------|---------|
| Type            | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                 |                              |         |                   |         |

**Predrill**

Location ID: 334887

**Site Preparation:**

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

**S/A/V:** \_\_\_\_\_

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

**Form 2A COAs:**

| Group  | User      | Comment   | Date       |
|--------|-----------|---|------------|
| Agency | kubeczkod | Location is in a sensitive area because of the potential for shallow groundwater based on nearby wells and the highly permeable nature of the surface materials; therefore either a lined drilling pit or closed loop system must be implemented. | 03/30/2010 |
| Agency | kubeczkod | Operator must implement best management practices to contain any unintentional release of fluids.   | 03/30/2010 |
| Agency | kubeczkod | Location is in a sensitive area because of proximity to surface water; therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations.               | 03/30/2010 |

**S/A/V:** SATISFACTORY

**Comment:** Solvay #GM 444-2 05-045-19360 drilling permit expired 04/20/2012. No drilling activities on location.

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Wildlife BMPs:**

**S/A/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Stormwater:**

**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: 211302 Type: WELL API Number: 045-07061 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 269640 Type: WELL API Number: 045-09386 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: RANGELAND

Comment: \_\_\_\_\_

- 1003a. Debris removed? Pass CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_
- Waste Material Onsite? 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 removed? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_
- Guy line anchors marked? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_



Inspector Name: LONGWORTH, MIKE

Ditches

Pass

S/A/V: SATISFACTOR

Corrective Date: \_\_\_\_\_

Y

Comment: Limited inspection due to snow cover

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

Pits:  NO SURFACE INDICATION OF PIT

**COGCC Comments**

| Comment   | User     | Date       |
|---|----------|------------|
| Solvay #GM 444-2 05-045-19360 drilling permit expired 04/20/2012. | longworm | 01/02/2015 |