

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:
03/30/2016
Document Number:
674702558
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>335336</u> | <u>335336</u> | <u>LONGWORTH, MIKE</u> | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|---|
| OGCC Operator Number: | <u>96850</u> |
| Name of Operator: | <u>WPX ENERGY ROCKY MOUNTAIN LLC</u> |
| Address: | <u>PO BOX 370</u> |
| City: | <u>PARACHUTE</u> State: <u>CO</u> Zip: <u>81635</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: NWNE Sec: 34 Twp: 6S Range: 96W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 01/29/2016 | 674702321 | | | SATISFACTORY | | | No |
| 05/22/2015 | 674701436 | | | SATISFACTORY | | | No |
| 02/13/2014 | 663902787 | | | SATISFACTORY | I | | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|----------------------|-------------|-------------------------------------|
| 269340 | WELL | PR | 02/16/2004 | GW | 045-09352 | GM 331-34 | PR | <input checked="" type="checkbox"/> |
| 270176 | WELL | PR | 02/16/2004 | GW | 045-09480 | GM 431-34 | PR | <input checked="" type="checkbox"/> |
| 419221 | WELL | PR | 08/31/2011 | GW | 045-19904 | ExxonMobil GM 441-34 | PR | <input checked="" type="checkbox"/> |
| 419237 | WELL | PR | 08/31/2011 | GW | 045-19906 | ExxonMobil GM 341-34 | PR | <input checked="" type="checkbox"/> |
| 419242 | WELL | PR | 12/08/2011 | GW | 045-19907 | ExxonMobil GM 41-34 | PR | <input checked="" type="checkbox"/> |
| 420049 | WELL | PR | 12/08/2011 | GW | 045-20094 | ExxonMobil GM 531-34 | PR | <input checked="" type="checkbox"/> |
| 420051 | WELL | PR | 10/01/2011 | GW | 045-20095 | ExxonMobil GM 541-34 | WK | <input checked="" type="checkbox"/> |
| 424960 | PIT | | 08/23/2011 | | - | GM 331-34 | | <input type="checkbox"/> |

Equipment:

Location Inventory

| | | | |
|--------------------------------------|--------------------------------|-----------------------------|---------------------------------|
| Special Purpose Pits: <u>1</u> | Drilling Pits: <u> </u> | Wells: <u>7</u> | Production Pits: <u> </u> |
| Condensate Tanks: <u>2</u> | Water Tanks: <u>2</u> | Separators: <u>7</u> | Electric Motors: <u> </u> |
| Gas or Diesel Mortors: <u> </u> | Cavity Pumps: <u> </u> | LACT Unit: <u> </u> | Pump Jacks: <u> </u> |
| Electric Generators: <u> </u> | Gas Pipeline: <u>1</u> | Oil Pipeline: <u> </u> | Water Pipeline: <u>1</u> |
| Gas Compressors: <u> </u> | VOC Combustor: <u> </u> | Oil Tanks: <u> </u> | Dehydrator Units: <u> </u> |
| Multi-Well Pits: <u> </u> | Pigging Station: <u> </u> | Flare: <u> </u> | Fuel Tanks: <u> </u> |

Location

Lease Road:

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|------|------------------------------|---------|-------------------|------|
| | | | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------------------|------------------------------|---------|-------------------|---------|
| BATTERY | SATISFACTORY | | | |
| TANK LABELS/PLACARDS | SATISFACTORY | | | |
| WELLHEAD | 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:

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

Multiple Spills and Releases?

Fencing/:

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

Equipment:

| | | |
|-----------------------------------|---------------------|--|
| Type: Horizontal Heated Separator | # 9 | Satisfactory/Action Required: SATISFACTORY |
| Comment | | |
| Corrective Action | Date: <u> </u> | |
| Type: Bird Protectors | # 5 | Satisfactory/Action Required: SATISFACTORY |
| Comment | | |
| Corrective Action | Date: <u> </u> | |

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

Facilities: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|--------------------|--------------|----------|---|------------------|
| PRODUCED WATER | 2 | 300 BBLS | STEEL AST | , |
| S/AR | SATISFACTORY | | Comment: Air id 045-0891-003 | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|------------------|----------|
| Condition | Adequate |
| Other (Content) | _____ |
| Other (Capacity) | _____ |
| Other (Type) | _____ |

Berms

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

Facilities: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|--------------------|--------------|----------|---|------------------|
| CONDENSATE | 2 | 300 BBLS | STEEL AST | , |
| S/AR | SATISFACTORY | | Comment: Air id 045-0891-002 | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|------------------|----------|
| Condition | Adequate |
| Other (Content) | _____ |
| Other (Capacity) | _____ |
| Other (Type) | _____ |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------------------|----------|---------------------|---------------------|-----------------|
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

Venting:

| | |
|---------|----------------------|
| Yes/No | YES |
| Comment | Bradens open to vent |

Flaring:

| | |
|----------|------------------------------|
| Type | Satisfactory/Action Required |
| Comment: | |

| | |
|--------------------------|----------------------------|
| Corrective Action: _____ | Correct Action Date: _____ |
|--------------------------|----------------------------|

Predrill

Location ID: 335336

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AR: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

| Group | User | Comment | Date |
|-------|-----------|---|------------|
| OGLA | kubeczkod | Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations. If fluids are conveyed via pipeline, operator must implement best management practices to contain any unintentional release of fluids. | 08/11/2010 |
| OGLA | kubeczkod | The access road will be constructed as to not allow any sediment to migrate from the access road to nearby surface water or any drainages leading to surface water. | 08/11/2010 |
| OGLA | kubeczkod | The location is in an area of high run off/run-on potential; therefore the pad shall be constructed to prevent any stormwater run-on and /or stormwater runoff. | 08/11/2010 |
| OGLA | kubeczkod | No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. The entire base of the pit must be in cut. | 08/11/2010 |
| OGLA | kubeczkod | The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1. | 08/11/2010 |
| OGLA | kubeczkod | Reserve pit (or any pit that will hold liquids [if constructed]) must be lined or closed loop system must be implemented during drilling. | 08/11/2010 |

S/AR: SATISFACTORY **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: _____ | |
| <u>Operator Rep. Contact Information:</u> | | |
| Landman Name: _____ | Phone Number: _____ | |
| Date Onsite Request Received: _____ | Date of Rule 306 Consultation: _____ | |
| Request LGD Attendance: _____ | | |
| <u>LGD Contact Information:</u> | | |
| Name: _____ | Phone Number: _____ | Agreed to Attend: _____ |
| <u>Summary of Landowner Issues:</u> | | |
| | | |
| <u>Summary of Operator Response to Landowner Issues:</u> | | |
| | | |
| <u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u> | | |
| | | |

Facility

| | | | | |
|---------------------|------------|-----------------------|------------|------------------|
| Facility ID: 269340 | Type: WELL | API Number: 045-09352 | Status: PR | Insp. Status: PR |
|---------------------|------------|-----------------------|------------|------------------|

Producing Well

Comment: Producing well

| | | | | |
|---------------------|------------|-----------------------|------------|------------------|
| Facility ID: 270176 | Type: WELL | API Number: 045-09480 | Status: PR | Insp. Status: PR |
|---------------------|------------|-----------------------|------------|------------------|

Producing Well

Comment: Producing well

| | | | | |
|---------------------|------------|-----------------------|------------|------------------|
| Facility ID: 419221 | Type: WELL | API Number: 045-19904 | Status: PR | Insp. Status: PR |
|---------------------|------------|-----------------------|------------|------------------|

Producing Well

Comment: Producing well

| | | | | |
|---------------------|------------|-----------------------|------------|------------------|
| Facility ID: 419237 | Type: WELL | API Number: 045-19906 | Status: PR | Insp. Status: PR |
|---------------------|------------|-----------------------|------------|------------------|

Producing Well

Comment: Producing well

| | | | | |
|---------------------|------------|-----------------------|------------|------------------|
| Facility ID: 419242 | Type: WELL | API Number: 045-19907 | Status: PR | Insp. Status: PR |
|---------------------|------------|-----------------------|------------|------------------|

Producing Well

Comment: Producing well

| | | | | |
|---------------------|------------|-----------------------|------------|------------------|
| Facility ID: 420049 | Type: WELL | API Number: 045-20094 | Status: PR | Insp. Status: PR |
|---------------------|------------|-----------------------|------------|------------------|

Producing Well

Comment: Producing well

| | | | | |
|---------------------|------------|-----------------------|------------|------------------|
| Facility ID: 420051 | Type: WELL | API Number: 045-20095 | Status: PR | Insp. Status: WK |
|---------------------|------------|-----------------------|------------|------------------|

Workover

Comment: Pulling tubing out of hole to retrieve a stuck plunger. Monument workover rig

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: OTHER, RANGELAND

Comment: _____

1003a. Waste and Debris removed? _____
 CM _____
 CA _____ CA Date _____

Unused or unneeded equipment onsite? _____
 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

Inspector Name: LONGWORTH, MIKE

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: OTHER, 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 _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | Culverts | Pass | | | |
| Seeding | Pass | | | | | |
| | | Ditches | Pass | | | |
| Ditches | Pass | | | | | |
| Gravel | Pass | | | | | |
| | | Gravel | Pass | | | |
| | | Compaction | Pass | | | |
| Compaction | Pass | | | | | |

S/A/V: SATISFACTOR Y Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

| Permit: | Facility ID | Permit Num | Expiration Date |
|---------|-------------|------------|-----------------|
| | 424960 | 1642052 | |

424960

1642052