

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:
08/05/2014

Document Number:
674600719

Overall Inspection:

ACTION REQUIRED

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|----------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>214068</u> | <u>325125</u> | <u>Maclaren, Joe</u> | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|---|
| OGCC Operator Number: | <u>96705</u> |
| Name of Operator: | <u>WPX ENERGY PRODUCTION LLC</u> |
| Address: | <u>P O BOX 3102 MS-25-2</u> |
| City: | <u>TULSA</u> State: <u>OK</u> Zip: <u>74101</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 |
|-----------------|----------------|------------------------------|------------|
| Heil, Mark | | mark.heil@wpxenergy.com | |
| Granillo, Lacey | (505)-333-1816 | lacey.granillo@wpxenergy.com | Permitting |

Compliance Summary:

| QtrQtr: <u>SENW</u> | | Sec: <u>24</u> | | Twp: <u>33N</u> | | Range: <u>9W</u> | |
|---------------------|-----------|----------------|-------------|-------------------------------|----------|------------------|-----------------|
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 08/15/2008 | 200193918 | PR | PR | SATISFACTOR Y | | | No |
| 04/14/2006 | 200092748 | PR | PR | SATISFACTOR Y | | Pass | No |
| 02/25/2004 | 200052865 | PR | PR | SATISFACTOR Y | | Pass | No |
| 08/21/2003 | 200044697 | PR | PR | SATISFACTOR Y | | Pass | No |
| 11/02/2001 | 200021973 | PR | PR | SATISFACTOR Y | | Pass | No |
| 04/18/2000 | 200006270 | BH | PR | ACTION REQUIRED | | Fail | Yes |
| 06/23/1999 | 500146678 | PR | PR | | | Pass | No |
| 05/12/1998 | 500146677 | BH | PR | | | Pass | No |
| 12/08/1997 | 500146676 | PR | PR | | | Pass | No |
| 02/23/1996 | 500146675 | PR | PR | | | Pass | No |
| 09/20/1994 | 500146674 | PR | PR | | | Pass | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|--|
| 214068 | WELL | PR | 06/03/1963 | GW | 067-05367 | MARTINEZ 1 | PR <input checked="" type="checkbox"/> |

| Equipment: | | <u>Location Inventory</u> | |
|-----------------------------|------------------------|---------------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: _____ | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | Electric Motors: _____ |
| Gas or Diesel Motors: _____ | 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

| Signs/Marker: | | | | |
|----------------------|------------------------------|---|---------------------------------------|------------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| CONTAINERS | ACTION REQUIRED | NFPA labels needed on steel drums below glycol tank. | Install sign to comply with rule 210. | 09/22/2014 |
| TANK LABELS/PLACARDS | ACTION REQUIRED | Labeling (NFPA) has worn off of Glycol and Methenol tanks. Capacity is also required on both tanks. Picture uploaded. | Install sign to comply with rule 210. | 09/22/2014 |

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

Comment: _____

Corrective Action: _____

| Good Housekeeping: | | | | |
|---------------------------|------------------------------|--|--|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WEEDS | | Weeds inside tank berm area and on berm walls. | Impliment weed control program as soon as practical. | |

| Spills: | | | | |
|--|------|--------|-------------------|---------|
| Type | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| Fencing/: | | | | |
|------------------|------------------------------|---------------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| TANK BATTERY | SATISFACTORY | Post and Wire | | |

| Equipment: | | | | | |
|-----------------------------|---|------------------------------|---------------------------|-------------------|---------|
| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Plunger Lift | 1 | SATISFACTORY | | | |
| Ancillary equipment | 1 | SATISFACTORY | Chemical Injection System | | |
| Gas Meter Run | 1 | SATISFACTORY | | | |
| Flow Line | 1 | SATISFACTORY | | | |
| Horizontal Heated Separator | 1 | SATISFACTORY | | | |

Inspector Name: Maclaren, Joe

| | | | | | |
|---------------------|---|--------------|----------------|--|--|
| Ancillary equipment | 1 | SATISFACTORY | Telemetry Unit | | |
| Deadman # & Marked | 4 | SATISFACTORY | | | |
| Bird Protectors | 1 | SATISFACTORY | | | |

Facilities: New Tank Tank ID: _____

| | | | | | |
|--------------------|--------------|----------|-----------|-----------------------|--|
| Contents | # | Capacity | Type | SE GPS | |
| GLYCOL | 1 | | STEEL AST | 37.092370,-107.782200 | |
| S/A/V: | SATISFACTORY | | Comment: | | |
| 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 | |
| METHANOL | 1 | | STEEL AST | 37.092360,-107.782190 | |
| S/A/V: | SATISFACTORY | | Comment: | | |
| 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: | | <input type="checkbox"/> New Tank | Tank ID: _____ | | |
| Contents | # | Capacity | Type | SE GPS | |
| PRODUCED WATER | 1 | OTHER | Open Top | 37.092490,-107.782240 | |
| S/A/V: | SATISFACTORY | | Comment: 125 BBLs | | |
| 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 | | Single berm for produced water, glycol and methenol tanks. | | | |
| Venting: | | | | | |
| Yes/No | | Comment | | | |
| NO | | | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date | |
| | | | | | |

Predrill

Location ID: 214068

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 214068 Type: WELL API Number: 067-05367 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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. 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? Pass CM _____

CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

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? Pass 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? _____ I _____

Inspector Name: Maclaren, Joe

Comment: _____

Overall Interim Reclamation Pass

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

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction | Pass | Compaction | Pass | MHSP | Pass | |

S/A/V: SATISFACTOR Corrective Date: _____

Y

Comment: Ditch and berm runs along south side of well pad diverting stormwater around location.

CA: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|---|---|
| 674600722 | Glycol/ methenol tanks requiring new labeling | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3401315 |
| 674600723 | Steel drums requiring NFPA labeling | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3401316 |