

**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:
06/10/2015Document Number:
674701515Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 335306 | 335306 | LONGWORTH, MIKE | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 96850Name of Operator: WPX ENERGY ROCKY MOUNTAIN LLCAddress: 1001 17TH STREET - SUITE #1200City: DENVER State: CO Zip: 80202

- ☐ 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: Lot 13 Sec: 27 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 05/01/2014 | 663903102 | | | SATISFACTORY | | | No |
| 02/13/2014 | 663902789 | | | ACTION REQUIRED | F | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|-------------------------------------|
| 259331 | WELL | PR | 02/19/2001 | GW | 045-07713 | UNOCAL GM 14-27 | PR | <input checked="" type="checkbox"/> |
| 259371 | WELL | PR | 02/23/2001 | GW | 045-07719 | UNOCAL GM 209-27 | PR | <input checked="" type="checkbox"/> |
| 273300 | WELL | PR | 01/12/2005 | GW | 045-10236 | WILLIAMS GM 414-27 | PR | <input checked="" type="checkbox"/> |
| 273301 | WELL | PR | 01/19/2005 | GW | 045-10235 | WILLIAMS GM 514-27 | PR | <input checked="" type="checkbox"/> |
| 441430 | WELL | XX | 04/03/2015 | | 045-22834 | GM 727-14-34-HN1 | ND | <input checked="" type="checkbox"/> |
| 441431 | WELL | XX | 04/03/2015 | | 045-22835 | GM 727-24-34-HN2 | ND | <input checked="" type="checkbox"/> |

Equipment:**Location Inventory**

Inspector Name: LONGWORTH, MIKE

| | | | |
|------------------------------|-------------------------|----------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: <u>7</u> | Production Pits: _____ |
| Condensate Tanks: <u>2</u> | Water Tanks: <u>2</u> | Separators: <u>9</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

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

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

Comment: 970-285-9377

Corrective Action: _____

| 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 | | | |
| SEPARATOR | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |

| Equipment: | | | | | |
|-----------------------------|---|------------------------------|---------|-------------------|---------|
| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Dehydrator | 1 | SATISFACTORY | | | |
| Bird Protectors | 7 | SATISFACTORY | | | |
| Horizontal Heated Separator | 7 | SATISFACTORY | | | |
| Plunger Lift | 4 | SATISFACTORY | | | |

| Facilities: | | | | | |
|-----------------------------------|--------------|----------------|------------------------------------|--------|--|
| <input type="checkbox"/> New Tank | | Tank ID: _____ | | | |
| Contents | # | Capacity | Type | SE GPS | |
| PRODUCED WATER | 1 | <100 BBLS | STEEL AST | , | |
| S/A/V: | SATISFACTORY | | Comment: <u>No air id on tanks</u> | | |
| Corrective Action: | | | Corrective Date: | | |

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

Inspector Name: LONGWORTH, MIKE

Other (Content) _____

Other (Capacity) 80 bbl

Other (Type) _____

Berms

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

| | | | |
|-------------------|--|-----------------|--|
| Corrective Action | | Corrective Date | |
| Comment | | | |

Facilities: ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|-----------|--------|
| PRODUCED WATER | 1 | 200 BBLS | STEEL AST | , |

S/A/V: SATISFACTORY Comment: No air id on tanks

| | | | |
|--------------------|--|------------------|--|
| Corrective Action: | | Corrective Date: | |
|--------------------|--|------------------|--|

Paint

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

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

| | | | |
|-------------------|--|-----------------|--|
| Corrective Action | | Corrective Date | |
| Comment | | | |

Facilities: ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|------------|---|----------|-----------|--------|
| CONDENSATE | 2 | 200 BBLS | STEEL AST | , |

S/A/V: SATISFACTORY Comment: No air id on tanks

| | | | |
|--------------------|--|------------------|--|
| 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 | | | |

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

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

Predrill

Location ID: 335306

Site Preparation:

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

S/A/V: _____

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, 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 | As indicated on the drilling mud operations attachment, a closed loop system must be implemented during drilling; or, if a drilling pit is constructed, an amended Form 2A must be submitted and a Form 15 submitted if operator plans on using either oil based mud or high chloride/TDS mud. The pit must be lined. All cuttings generated during drilling with oil based mud or high chloride/TDS mud must be kept in the lined drilling pit (if permitted and constructed), tanks/containers, or placed on a lined/bermed portion of the well pad; prior to disposition. The moisture content of any drill cuttings in a cuttings containment area or pile shall be 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. Any material which does not meet Table 910-1 criteria will either be manifested and disposed offsite at an approved commercial facility, sent to a permitted WPX Cuttings Management Trench for additional amending (Form 4 Sundry must be submitted and approved), or amended further onsite to comply with Table 910-1. After the drill cuttings have been amended (if necessary or applicable) 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. If operator determines that long-term onsite management of oil based mud or high chloride/TDS mud cuttings is necessary, an approved Form 27 remediation plan will be required. 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. All liners associated with oil based or high chloride/TDS drilling mud and cuttings must be disposed of offsite per CDPHE rules and regulations. 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. | 03/18/2015 |

| | | | |
|------|----------|---|------------|
| OGLA | kubeczkd | 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. 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. | 03/18/2015 |
| OGLA | kubeczkd | Operator must ensure secondary containment for any volume of fluids contained at well site during drilling and completion operations (as shown on the Proposed BMPs attachment); 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 requirements and after significant precipitation events), and maintained in good condition. The access road will be maintained as to not allow any sediment to migrate from the access road to nearby surface water or any drainages leading to surface water. | 03/18/2015 |

S/A/V: SATISFACTORY

Comment:

Drilling not active

CA:

Date:

Wildlife BMPs:

| BMP Type | Comment |
|---------------------|--|
| Planning | Use existing roads where possible. Combine and share roads to minimize habitat fragmentation. Maximize the use of directional drilling to minimize habitat loss/fragmentation. Maximize use of remote telemetry for well monitoring to minimize traffic. |
| Interim Reclamation | WPX Energy will use certified, weed free grass hay, straw, hay or other mulch materials used for the reseeding and reclamation of disturbed areas. Install exclusionary devices to prevent bird and other wildlife access to equipment stacks, vents and openings. Reduce visits to well-sites through remote monitoring (i.e. SCADA) and the use of multi-function contractors. |

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: _____

Inspector Name: LONGWORTH, MIKE

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: 259331 Type: WELL API Number: 045-07713 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 259371 Type: WELL API Number: 045-07719 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 273300 Type: WELL API Number: 045-10236 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 273301 Type: WELL API Number: 045-10235 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 441430 Type: WELL API Number: 045-22834 Status: XX Insp. Status: ND

Facility ID: 441431 Type: WELL API Number: 045-22835 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:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: OTHER, 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 _____

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

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 REVEGETATIONCropland

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 _____

Inspector Name: LONGWORTH, MIKE

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

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

Comment: _____
CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT