

**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:

09/14/2012

Document Number:

663600184

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier: 259341 Facility ID: 307909 Tracking Type: _____ Inspector Name: GINTAUTAS, PETER

Operator Information:OGCC Operator Number: 10084 Name of Operator: PIONEER NATURAL RESOURCES USA INCAddress: 1401 17TH ST STE 1200City: DENVERState: COZip: 80202**Contact Information:**

Contact Name	Phone	Email	Comment
Hiss, Duane		duane.hiss@pxd.com	
Glinisty, Judy		judy.glinisty@pxd.com	

Compliance Summary:QtrQtr: NESW Sec: 21 Twp: 32S Range: 67W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/28/2010	200265606	PR	PR	S			N
01/29/2007	200103743	PR	PR	S		P	N
01/28/2004	200049402	CO	PR	S		P	N
01/28/2002	200023598	PR	PR	S		P	N
01/28/2002	200023599	CO	WO	S		P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
259341	WELL	PR	05/11/2003	GW	071-07241	BLADE RUNNER 23-21	<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 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/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			

Inspector Name: GINTAUTAS, PETER

Emergency Contact Number: <u>(S/U/V)</u> <u>Satisfactory</u>	Corrective Date: _____
Comment: _____	
Corrective Action: _____	

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	Unsatisfactory		remove unused pipe from location	10/26/2012

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	1	Satisfactory	in shed		
Compressor	1	Satisfactory	in 3-side noise baffle		
Prime Mover	1	Satisfactory	in 3-side noise baffle		
Vertical Separator	1	Unsatisfactory	in meter shed	plastic tank connected to Separator is not labeled with contents (Produced Water?).	10/26/2012
Progressive Cavity	1				

Venting:		
Yes/No	Comment	
NO		

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 307909

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: 259341 Type: WELL API Number: 071-07241 Status: PR Insp. Status: PR

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: GINTAUTAS, PETER

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: _____

Complaint:

Tracking Num	Category	Assigned To	Description	Incident Date
200025537	ENVIRONM ENTAL DAMAGE	AVIS, LOREN	EVERGREEN USE OLD GRAVEL PIT FOR PRODUCED WATER. SAM NICOLLI DOWN STREAM FROM THE PIT COMPLAINED THAT THE GEOLOGY WAS SUCH THAT THE WATER WAS HITTING AN IMPERMEABLE FORMATION AND NOT PERCOLATING PROPERLY. THE WATER WAS CAUSING HIS HAY MEADOW TO BECOME SATURATED. EVERGREENS CONTRACTOR, APPLIED HYDROLOGY, CONFIRMED THIS. IT WAS AGREED THAT THE PIT SHOULD NO LONGER BE USED FOR PRODUCED WATER AND THAT THE WATER SHOULD BE DISCHARGED DIRECTLY INTO THE DRAINAGE. NOAV WRITTEN TO CEASE USE OF THE PIT AND DISCHARGE DIRECT TO DRAINAGE.	02/04/2002

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? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ 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 removed? _____ 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

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: _____

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 _____ Multi-Well Location ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____

Pits:

Pit Type: Produced Water Lined: NO Pit ID: 261439 Lat: 37.240936 Long: -104.893742

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: _____ 2+ feet Freeboard: _____

Pit (S/U/V): Satisfactory Comment: pit closed as part of NOAV response

Corrective Action: _____ Date: _____

Pits:

Pit Type: Produced Water Lined: NO Pit ID: 261283 Lat: 37.240499 Long: -104.895183

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: _____ 2+ feet Freeboard: _____

Pit (S/U/V): Satisfactory Comment: pit closed per form 27

Corrective Action: _____ Date: _____