

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



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Inspection Date:
02/15/2013

Document Number:
663600244

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>217831</u>	<u>334246</u>		<u>GINTAUTAS, PETER</u>

Operator Information:

OGCC Operator Number: 10084 Name of Operator: PIONEER NATURAL RESOURCES USA INC
 Address: 1401 17TH ST STE 1200
 City: DENVER State: CO Zip: 80202

Contact Information:

Contact Name	Phone	Email	Comment
Glinisty, Judy		judy.glinisty@pxd.com	
Hiss, Duane		duane.hiss@pxd.com	
Cindy Smith		cindy.smith@state.co.us	
Castro, David		david.castro@pxd.com	

Compliance Summary:

QtrQtr: NENW Sec: 16 Twp: 32S Range: 65W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/29/2012	668000357	PR	PR	S			N
02/18/2009	200204034	PR	PR	S			N
01/13/2006	200083010	PR	PR	S		P	N
04/01/2003	200037100	PR	PR	S		P	N
09/30/1999	500152049	PR	PR			P	N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
89221	WELL	PR	01/15/2003	GW	071-06801	RAINBOW 21-16 TR	<input checked="" type="checkbox"/>
217831	WELL	PR	07/28/1999	GW	071-06610	RAINBOW 21-16	<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 Mortors: _____	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
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Deadman # & Marked	2	Unsatisfactory	one unmarked	mark deadmen at location	04/26/2013
Prime Mover	1	Satisfactory	gas engine		
Progressive Cavity	1	Satisfactory	TR does not have pump		
Vertical Separator	2	Satisfactory	boht in meter shed		
Gas Meter Run	2	Satisfactory	both in one shed		
Compressor	1	Satisfactory	at TR well		

Facilities:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<50 BBLS	PBV PLASTIC	,
S/U/V:	Unsatisfactory	Comment: contents of partly buried tank not indicated		
Corrective Action:	sign indicating contents is best pratice			Corrective Date: 04/26/2013

Paint

Condition: _____

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

Venting:	
Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 334246

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: 89221 Type: WELL API Number: 071-06801 Status: PR Insp. Status: PR

Facility ID: 217831 Type: WELL API Number: 071-06610 Status: PR Insp. Status: PR

Environmental

Spills/Releases:

Type of Spill: WATER Description: 200372536 Estimated Spill Volume: 1200

Comment: **SPILL CLOSED WITH NO FURTHER ACTIONS REQUIRED AT THIS TIME BY OPERATOR. SEDIMENT TRANSPORT AWAY FROM SPILL AND WELL LOCATION MINIMIZED BY EROSION CONTROL BMP'S IN PLACE AT PAD PRIOR TO SPILL. PRODUCED WATER IN SPILL IS TYPICALLY DISCHARGED UNDER PERMIT AT NEARBY OUTFALL. IMPACTS TO SURFACE WATERS AND SOILS ASSUMED TO BE THOSE CONTEMPLATED BY PERMITTING STAFF WHEN DISCHARGE PERMIT GRANTED..**

Corrective Action: **spill 200372536 (COGCC) AND 2013-0005 ALREADY REPORTES** Date: **01/03/2013**

Reportable: YES 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: _____

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: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits:

Pit Type: Produced Water Lined: _____ Pit ID: 268605 Lat: 37.263613 Long: -104.679432

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 with 27

Corrective Action: _____ Date: _____

Pits:

Pit Type: Produced Water Lined: _____ Pit ID: 119230 Lat: 37.263417 Long: -104.679735

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): Unsatisfactory Comment: pit closed with 27

Corrective Action: _____ Date: _____