

Inspector Name: DURAN, JOHN

**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:

06/12/2013

Document Number:

668001326

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>275012</u>	<u>333438</u>	<u>DURAN, JOHN</u>	<input type="checkbox"/> 2A Doc Num: _____

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
HISS, DUANE	719-845-4394/719-680-0024	duane.hiss@ pxd.com	
GLINISTY, JUDY	303-675-2658	Judy.Glinisty @pxd.com	

Compliance Summary:

Qtr/Qtr:	<u>SESE</u>	Sec:	<u>16</u>	Twp:	<u>33S</u>	Range:	<u>67W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/03/2010	200235095	PR	PR	S			N
02/12/2007	200104068	PR	PR	S		P	N
12/20/2005	200081726	PR	PR	S		P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
275012	WELL	PR	09/25/2005	GW	071-08263	State 44-16V	<input checked="" type="checkbox"/>
278909	WELL	PR	07/21/2005	GW	071-08457	State 44-16R	<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			

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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?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
PIT	Satisfactory			
PIT	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Vertical Separator	2	Satisfactory			
Gas Meter Run	2	Satisfactory			
Compressor	1	Satisfactory			
Progressive Cavity	2	Satisfactory			
Deadman # & Marked	6	Satisfactory			

Venting:		
Yes/No	Comment	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 333438

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: 275012 Type: WELL API Number: 071-08263 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 278909 Type: WELL API Number: 071-08457 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? _____ 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? _____

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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? _____ P _____

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 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	Gravel	Pass			

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

Comment: _____

CA: _____

Pits:

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Pit Type:	Produced Water	Lined:	YES	Pit ID:		Lat:		Long:	
Lining:									
Liner Type:	Plastic	Liner Condition:	Adequate						
Comment: _____									
Fencing:									
Fencing Type:	Livestock	Fencing Condition:	Adequate						
Comment: _____									
Netting:									
Netting Type:		Netting Condition:							
Comment: _____									
Anchor Trench Present:		Oil Accumulation:	NO	2+ feet Freeboard:					
Pit (S/U/V):	Satisfactory	Comment:	30' X 60' pit for State 44-16R						
Corrective Action:								Date:	

Pits:

Pit Type:	Produced Water	Lined:	NO	Pit ID:		Lat:		Long:	
Lining:									
Liner Type:		Liner Condition:							
Comment: _____									
Fencing:									
Fencing Type:	Livestock	Fencing Condition:	Adequate						
Comment: _____									
Netting:									
Netting Type:		Netting Condition:							
Comment: _____									
Anchor Trench Present:		Oil Accumulation:	NO	2+ feet Freeboard:					
Pit (S/U/V):	Satisfactory	Comment:	30' X 60'						
Corrective Action:								Date:	