

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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| DE | ET | OE | ES |
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Inspection Date:

09/19/2013

Document Number:

668001578

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|---------------|---------------|--------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>217730</u> | <u>334258</u> | <u>DURAN, JOHN</u> | <input type="checkbox"/> | |

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 |
|----------------|---------------------------|--------------------------|---------|
| GLINISTY, JUDY | 303-675-2658 | Judy.Glinisty @pxd.com | |
| HISS, DUANE | 719-845-4394/719-680-0024 | duane.hiss@ pxd.com | |
| LEONARD, MIKE | | mike.leonard@state.co.us | |

Compliance Summary:QtrQtr: NWSW Sec: 8 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) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 03/14/2013 | 668001085 | PR | PR | S | P | | N |
| 08/24/2011 | 200319372 | PR | PR | S | | | N |
| 01/04/2010 | 200227378 | PR | PR | S | | | N |
| 01/12/2006 | 200082768 | PR | PR | S | | P | N |
| 02/11/2003 | 200035107 | PR | PR | S | | P | N |
| 03/16/2001 | 200015948 | PR | PR | S | I | P | N |
| 12/20/2000 | 881444 | ES | PR | S | | P | Y |
| 08/16/2000 | 1138056 | ES | PR | U | F | F | Y |
| 02/04/1999 | 500151999 | SR | SI | | | P | N |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------------------------------|
| 113383 | PIT | AC | 09/23/1999 | | - | THOMAS 13-8 | <input type="checkbox"/> |
| 217730 | WELL | PR | 10/19/1999 | GW | 071-06509 | THOMAS 13-8 | <input checked="" type="checkbox"/> |
| 300511 | WELL | AL | 04/06/2011 | LO | 071-09718 | THOMAS 13-8 TR | <input checked="" type="checkbox"/> |

Equipment:**Location Inventory**

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| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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 | | | |
| TANK LABELS/PLACARDS | Unsatisfactory | No NFPA labels on 500 bbl water tank. Capacity covered up by Produced Water Label. | Put bbls after 500 and Put NFPA label on tank. | 11/30/2013 |

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

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

Fencing/:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|------|-----------------------------|---------|-------------------|---------|
| PIT | Satisfactory | | | |

Equipment:

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|--------------------|---|-----------------------------|---------|-------------------|---------|
| Vertical Separator | 1 | Satisfactory | | | |
| Deadman # & Marked | 4 | Satisfactory | 4M | | |
| Progressive Cavity | 1 | Satisfactory | | | |
| Gas Meter Run | 1 | Satisfactory | | | |

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| | | | | | |
|------------------------|------------------------------|-----------------------------------|---------------------|-----------------|------------------|
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| PRODUCED WATER | 1 | 500 BBLS | STEEL AST | | |
| S/U/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 Insufficient | Base Sufficient | | |
| Corrective Action | Berm is broken on NE corner. | | | Corrective Date | 11/30/2013 |
| Comment | | | | | |
| Venting: | | | | | |
| Yes/No | Comment | | | | |
| | | | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| | | | | | |

Predrill

Location ID: 334258

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: 217730 Type: WELL API Number: 071-06509 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 300511 Type: WELL API Number: 071-09718 Status: AL Insp. Status: AL

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:

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? _____

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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 _____ Pass _____

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: Abandon Location : No evidence of drilling. No evidence of production. Thomas 13-8 TR (05-071-09718) shares the location with Thomas 13-8 (071-06509).

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: 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: _____