

**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:

06/05/2014

Document Number:

674600487

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                    |  |
|---------------------|-------------|--------|-----------------|--------------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection |  |
|                     | 89124       | 326511 | Maclaren, Joe   | 2A Doc Num:        |  |

**Operator Information:**OGCC Operator Number: 100264Name of Operator: XTO ENERGY INCAddress: 382 CR 3100City: AZTEC State: NM Zip: 87410

- ☐ 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            |
|------------------|--------------|-------------------------------|--------------------|
| Percell, Bob     | 970-759-2277 | bob_percell@xtoenergy.com     | Production Foreman |
| Harrison, Lyndon |              | lyndon_harrison@xtoenergy.com |                    |
| Hixon, Logan     | 505-386-8018 | logan_hixon@xtoenergy.com     | EH&S Technician    |

**Compliance Summary:**QtrQtr: SESW Sec: 3 Twp: 34N Range: 8W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 05/19/2014 | 674600395 | PR         | SI          | SATISFACTORY                  | P        |                | No              |
| 03/29/2013 | 669400541 | PR         | PR          | SATISFACTORY                  | I        |                | No              |
| 08/05/2010 | 200265756 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 12/09/2008 | 200199855 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 08/15/2006 | 200099638 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 06/24/2004 | 200058089 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 09/03/2002 | 200032132 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 08/08/2002 | 200030923 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |

**Inspector Comment:**

This report is for the MIT Test Witnessed on 5/19/2014 only. Test performed on 5/19/2014 was successful. Field Doc has been uploaded and can be viewed via the link at the bottom of this report.

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name     | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|-------------------------------------|
| 89124       | WELL | PR     | 10/11/2009  | GW         | 067-08228 | HUBER-BURKETT 4-3 | SI          | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

Inspector Name: Maclaren, Joe

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| 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**

Emergency Contact Number (S/A/V): \_\_\_\_\_

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

**Spills:**

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

☐ Multiple Spills and Releases?

**Venting:**

|        |         |
|--------|---------|
| Yes/No | Comment |
|--------|---------|

**Flaring:**

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

**Predrill**

Location ID: 89124

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/A/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/A/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:****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: \_\_\_\_\_

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: 89124 Type: WELL API Number: 067-08228 Status: PR Insp. Status: SI

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_

S/A/V: \_\_\_\_\_ CA Date: \_\_\_\_\_

CA: Initial Casing pressure at test time 595 psi, final casing pressure 588 psi. Pressure loss over 15 minutes was 7 psi.

Comment: \_\_\_\_\_

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Inspector Name: Maclaren, Joe

|   |  |                              |            |
|---|--|------------------------------|------------|
| Comment: <input style="width:700px" type="text"/>         |  |                              |            |
| Corrective Action: _____                                  |  | Date: _____                  |            |
| Reportable: _____   | GPS: Lat _____                                     | Long _____                   |            |
| Proximity to Surface Water: _____                         |  | Depth to Ground Water: _____ |            |
| <b>Water Well:</b>  |  |                              |            |
|   |  | Lat _____                    | Long _____ |
| DWR Receipt Num: _____                                    | Owner Name: _____                                  | GPS : _____                  |            |
| <b>Field Parameters:</b>                                  |  |                              |            |
| <input style="width:300px" type="text"/>                  |  |                              |            |
| Sample Location: <input style="width:400px" type="text"/> |  |                              |            |
| 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: <input style="width:750px" type="text"/> |   |
| 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                      |   |
| <u>Cropland</u>                                   |   |
|   | Top soil replaced _____ Recontoured _____ Perennial forage re-established _____                                       |

Inspector Name: Maclaren, Joe

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 \_\_\_\_\_

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

S/A/V: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

**Pits:** ☐ NO SURFACE INDICATION OF PIT

**Attached Documents**

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description                   | URL   |
|--------------|-------------------------------|---|
| 674600488    | Successful MIT Test 067-08228 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3358789">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3358789</a> |