

**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
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Inspection Date:

07/21/2014

Document Number:

668402450

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	292890	335897	BROWNING, CHUCK	<input type="checkbox"/>	

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
Dooling, Jessica	(970) 878-6800	Jessica_Dooling@xtoenergy.com	Piceance Basin Field
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Compliance Summary:QtrQtr: SESE Sec: 34 Twp: 1S Range: 97W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/16/2013	669300690	IJ	AC	SATISFACTORY Y	I		No
10/26/2012	669300234	IJ	AC	SATISFACTORY Y			No
03/15/2011	200301287	MI	PD	SATISFACTORY Y			No

Inspector Comment:UIC - Routine inspection**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159361	UIC DISPOSAL	AC	02/25/2011		-	PICEANCE CREEK UNIT 197-34B8	AC	<input checked="" type="checkbox"/>
291493	PIT	AC	07/20/2007		-	PCU 197-34	AC	<input type="checkbox"/>
292855	WELL	PR	03/18/2011	GW	103-11090	PICEANCE CREEK UNIT 197-34B3	PR	<input checked="" type="checkbox"/>
292858	WELL	PR	08/20/2010	GW	103-11089	PICEANCE CREEK UNIT 197-34B9	PR	<input checked="" type="checkbox"/>
292860	WELL	PR	08/11/2010	GW	103-11088	PICEANCE CREEK UNIT 197-34B5	PR	<input checked="" type="checkbox"/>
292871	WELL	PR	08/13/2010	GW	103-11087	PICEANCE CREEK UNIT 197-34B4	PR	<input checked="" type="checkbox"/>
292873	WELL	PR	08/09/2010	GW	103-11086	PICEANCE CREEK UNIT 197-34B7	PR	<input checked="" type="checkbox"/>

Inspector Name: BROWNING, CHUCK

292887	WELL	PR	02/09/2011	GW	103-11085	PICEANCE CREEK UNIT 197-34B2	PR	<input checked="" type="checkbox"/>
292888	WELL	PR	08/08/2010	GW	103-11084	PICEANCE CREEK UNIT 197-34B1	PR	<input checked="" type="checkbox"/>
292889	WELL	PR	08/08/2010	GW	103-11083	PICEANCE CREEK UNIT 197-34B6	PR	<input checked="" type="checkbox"/>
292890	WELL	SI	11/12/2013	DSPW	103-11082	PICEANCE CREEK UNIT 197-34B8	AC	<input checked="" type="checkbox"/>
293965	WELL	PR	08/26/2010	GW	103-11146	PICEANCE CREEK UNIT 197-34B10	PR	<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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Main	SATISFACTORY			
Access	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment		SATISFACTORY	Propane tank, solar panels, wellhead enclosed in housing		
Horizontal Heated Separator	9	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
Horizontal Heater Treater	1	SATISFACTORY			

Venting:		
Yes/No	Comment	
NO		

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 292890

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: 159361 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____ 1000 _____

UIC Routine
 Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) _____ Inj Zone: _____

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: **UIC - Routine inspection**

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 292855 Type: WELL API Number: 103-11090 Status: PR Insp. Status: PR

Producing WellComment: **Producing**

Facility ID: 292858 Type: WELL API Number: 103-11089 Status: PR Insp. Status: PR

Producing WellComment: **Producing**

Facility ID: 292860 Type: WELL API Number: 103-11088 Status: PR Insp. Status: PR

Producing WellComment: **Producing**

Facility ID: 292871 Type: WELL API Number: 103-11087 Status: PR Insp. Status: PR

Producing WellComment: **Producing**

Facility ID: 292873 Type: WELL API Number: 103-11086 Status: PR Insp. Status: PR

Producing WellComment: **Producing**

Facility ID: 292887 Type: WELL API Number: 103-11085 Status: PR Insp. Status: PR

Producing WellComment: **Producing**

Facility ID: 292888 Type: WELL API Number: 103-11084 Status: PR Insp. Status: PR

Producing WellComment: **Producing**

Facility ID: 292889 Type: WELL API Number: 103-11083 Status: PR Insp. Status: PR

Producing WellComment: **Producing**

Facility ID: 292890 Type: WELL API Number: 103-11082 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 540
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____ MPP _____

Inj Zone: WSTCG

TC: Pressure or inches of Hg 0

Previous Test Pressure _____ Last MIT: 03/15/2011

Brhd: Pressure or inches of Hg 0

Previous Test Pressure _____ AnnMTReq: _____

Comment: UIC - Routine inspection

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 293965 Type: WELL API Number: 103-11146 Status: PR Insp. Status: PR

Producing Well

Comment: Producing

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? Pass CM _____

CA _____ CA Date _____

Inspector Name: BROWNING, CHUCK

Waste Material Onsite? Pass CM _____
CA _____ CA Date _____
Unused or unneeded equipment onsite? Pass CM _____
CA _____ CA Date _____
Pit, cellars, rat holes and other bores closed? Pass CM _____
CA _____ CA Date _____
Guy line anchors removed? _____ CM _____
CA _____ CA Date _____
Guy line anchors marked? Pass CM _____
CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass
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? Pass
Production areas have been stabilized? Pass 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 _____ Well Release on Active Location ☐ Multi-Well Location ☐

Inspector Name: BROWNING, CHUCK

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass	MHSP	Pass	

S/A/V: SATISFACTOR
Y Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	291493	1433692	
	291493	1433692	