

**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:
09/12/2014Document Number:
668002555Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	89162	307653	DURAN, JOHN	<input type="checkbox"/>	

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

- ☐ 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
HISS, DUANE	719-845-4394/719-680-0024	duane.hiss@pxd.com	All Inspections
Castro, David		david.castro@pxd.com	All Inspections
GLINISTY, JUDY	303-675-2658	Judy.Glinisty@pxd.com	All Inspections

Compliance Summary:

QtrQtr:	NENW	Sec:	32	Twp:	33S	Range:	65W
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/20/2014	668002270	IJ	AC	SATISFACTORY	P		No
06/05/2013	668001302	IJ	AC	SATISFACTORY	P		No
08/01/2012	668000494	IJ	AC	SATISFACTORY			No
11/30/2011	663600066	IJ	AC	ACTION REQUIRED			No
08/30/2011	200320370	MI	AC	SATISFACTORY			No
06/27/2011	200314144	RT	AC	SATISFACTORY			No
09/03/2010	200271738	MI	SI	SATISFACTORY			No
08/12/2010	200267309	MI	AC	ACTION REQUIRED			Yes
06/23/2009	200213468	RT	AC	SATISFACTORY			No
08/29/2008	200194389	RT	AC	SATISFACTORY			No
08/20/2007	200117537	RT	AC	SATISFACTORY			No
07/11/2006	200094303	RT	AC	SATISFACTORY		Pass	No
08/08/2005	200074950	MI	AC	SATISFACTORY		Pass	No
07/09/2004	200058226	RT	AC	SATISFACTORY		Pass	No
12/31/2003	200048307	RT	AC	SATISFACTORY		Pass	No
08/04/2003	200042399	RT	AC	SATISFACTORY		Pass	No
09/03/2002	200030153	RT	AC	SATISFACTORY		Pass	No
10/10/2001	200020734	RT	AC	SATISFACTORY		Fail	No

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08/07/2001	200018868	RT	AC	SATISFACTORY	I	Pass	No
03/29/2001	200016200	PR	AC	SATISFACTORY	I	Pass	No
08/30/2000	200011915	RT	AC	SATISFACTORY	I	Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
89162	WELL	IJ	01/07/2013	DSPW	071-06741	WILD BOAR 21-32 WD	SI	<input checked="" type="checkbox"/>
159046	UIC DISPOSAL	AC	07/19/2000		-	WILD BOAR 21-32 WD	AC	<input type="checkbox"/>
282341	PIT	AC	12/30/2005		-	WILD BOAR 21-32 WD	AC	<input type="checkbox"/>
426772	TANK BATTERY	AC	04/14/2009		-	WILD BOAR-633S65W 32NENW	AC	<input type="checkbox"/>
426773	TANK BATTERY	AC	04/14/2009		-	WILD BOAR-633S65W 32NENW	AC	<input type="checkbox"/>
426774	TANK BATTERY	AC	04/14/2009		-	WILD BOAR-633S65W 32NENW	AC	<input type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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/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?**Fencing/:**

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

Venting:

Yes/No	Comment

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

Predrill

Location ID: 89162

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: 89162 Type: WELL API Number: 071-06741 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

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

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 09/12/2014

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

Comment: _____

Method of Injection: GRAVITY FEED

Test Type: Verification of Repairs Tbg psi: _____ Csg psi: 460 BH psi: _____

Insp. Status: Pass

Comment: Verification of Repairs: New packer and 2 7/8" TBG repalaced with 3 1/2" lined TBG. Well is shut in during MiT, no injection. Pressured up T-C Ann. to 460 psig. Pressure held for 15 min. with no pressure loss.

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 _____

Inspector Name: DURAN, JOHN

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? _____ 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 ☐

Storm Water:

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

Inspector Name: DURAN, JOHN

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

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/A/V): SATISFACTOR Comment: 30' x 80'

Corrective Action: _____ Date: _____

Permit:	Facility ID	Permit Num	Expiration Date
	282341	1393008	

Monitoring:	Monitoring Type	Comment
	Chain	