

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:
08/13/2015

Document Number:
668003634

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>289048</u>	<u>334206</u>	<u>DURAN, JOHN</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>10084</u>
Name of Operator:	<u>PIONEER NATURAL RESOURCES USA INC</u>
Address:	<u>5205 N O'CONNOR BLVD STE 200</u>
City:	<u>IRVING</u> State: <u>TX</u> Zip: <u>75039</u>

- 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
WEBB, JULIE	616-813-5063	Julie.Webb@pxd.com	All Inspections
HISS, DUANE	719-845-4394/719-680-0024	duane.hiss@pxd.com	All Inspections
ROYBAL, JAMES	719-845-4323	james.roybal@pxd.com	All Inspections

Compliance Summary:

QtrQtr:	<u>SWSW</u>	Sec:	<u>25</u>	Twp:	<u>32S</u>	Range:	<u>68W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/06/2011	200325478	PR	PR	SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
289047	WELL	PR	10/04/2007	GW	071-09181	TAILGATE 14-25 TR	PR	<input checked="" type="checkbox"/>
289048	WELL	PR	07/02/2007	GW	071-09180	TAILGATE 14-25	PR	<input checked="" type="checkbox"/>
301259	PIT	AC	12/15/2009		-	TAILGATE 14-25	AC	<input type="checkbox"/>
301260	PIT	AC	12/15/2009		-	TAILGATE 14-25 TR	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 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/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/A/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/Action Required	Comment	Corrective Action	CA Date
PUMP JACK				

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Vertical Separator	2	SATISFACTORY			
Deadman # & Marked	6	SATISFACTORY			
Progressive Cavity	1	SATISFACTORY	4 Noise Baffling Walls around engine.		
Gas Meter Run	2	SATISFACTORY			
Pump Jack	1	SATISFACTORY	Rattling noise coming from flywheel guard.		

Venting:	
Yes/No	Comment

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

Predrill

Location ID: 289048

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AV: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 289047 Type: WELL API Number: 071-09181 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 289048 Type: WELL API Number: 071-09180 Status: PR Insp. Status: PR

Complaint

Comment: On site at 11:45 am. The protective guard around the flywheel, of pumpjack, is rattling and is the loudest noise on location. I take A - Scale noise readings. There is a slight wind from the NW. There are 2 mufflers on each engine, but the Tailgait 14-25TR is the only well with 4 noise baffling walls. The topography prevented me from taking noise readings at 350 ft. The readings were taken at 219 ft (73yds). The decibels in parenthesis are the decibels extrapolated to a 350 ft equivalent using the following formula [db(A) Distance 2 = db(A) Distance 1 - 20 x log 10 (distance 2/distance 1)]. TIME : 11:55 am, 11:58, 12:00 pm, 12:03, 12:05, 12:08, 12:10, 12:13, 12:15 ; WIND (NW) : 0.0 mph, 0.1, 0.2, 0.0, 0.1, 0.1, 0.0, 0.2, 0.2 ; NOISE : 47.9 dbs (43.8 dbs), 48.3 (44.2), 48.3 (44.2), 47.6 (43.5), 47.7 (43.6), 47.9 (43.8), 47.8 (43.7), 48.2 (44.1), 48.1 (44.0) . Prior to arriving at well site, I encounter Pumper (Larry Barela), who informs me that pumpjack is going to be replaced with progressive cavity pump. Off site at 12:35 pm.

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? _____
 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? _____

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
Gravel	Pass	Gravel	Pass			

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

Inspector Name: DURAN, JOHN

Permit:	Facility ID	Permit Num	Expiration Date
	301259	1942063	
	301260	1942064	

COGCC Comments

Comment	User	Date
See FACILITY : Noise complaint.	duranj	08/26/2015