

**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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Inspection Date:

08/24/2015

Document Number:

668003784

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>	2A Doc Num:
	257721	333550	DURAN, JOHN		

**Operator Information:**OGCC Operator Number: 10084Name of Operator: PIONEER NATURAL RESOURCES USA INCAddress: 5205 N O'CONNOR BLVD STE 200City: IRVING State: TX Zip: 75039

- ☐ 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
ROYBAL, JAMES	719-845-4323	james.roybal@pxd.com	All Inspections
WEBB, JULIE	616-813-5063	Julie.Webb@pxd.com	All Inspections
Koehler, Bob		bob.koehler@state.co.us	
HISS, DUANE	719-845-4394/719-680-0024	duane.hiss@pxd.com	All Inspections
Kephart, Jeff	719-845-4504	jeff.kephart@pxd.com	UIC Inspections

**Compliance Summary:**

QtrQtr:	NESE	Sec:	12	Twp:	34S	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	668002268	IJ	AC	SATISFACTORY	P		No
06/05/2013	668001301	SI	AC	SATISFACTORY	P		No
08/01/2012	668000495	IJ	AC	SATISFACTORY			No
08/30/2011	200320368	MI	AC	SATISFACTORY			No
07/07/2011	200319724	HR	AO	SATISFACTORY			No
05/12/2011	200311270	MI	AC	SATISFACTORY			No
08/12/2010	200267300	RT	AC	SATISFACTORY			No
06/23/2009	200213467	RT	AC	SATISFACTORY			No
08/29/2008	200194388	RT	AC	SATISFACTORY			No
08/20/2007	200117536	RT	AC	SATISFACTORY			No
03/13/2006	200086999	MI	AC	SATISFACTORY		Pass	No
08/08/2005	200074962	RT	AC	SATISFACTORY		Pass	No
07/09/2004	200058230	RT	AC	SATISFACTORY		Pass	No
08/05/2003	200042405	RT	AC	SATISFACTORY		Pass	No
09/03/2002	200030151	RT	AC	SATISFACTORY		Pass	No
02/15/2001	200018871	MI	AC	SATISFACTORY	I	Pass	No

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159057	UIC DISPOSAL	AC	02/23/2001		-	LONG CANYON #43-12 WD	AC	<input checked="" type="checkbox"/>
217752	WELL	PR	01/08/2001	GW	071-06531	CHIPS 43-12	PR	<input type="checkbox"/>
257721	WELL	IJ	02/21/2013	GW	071-07035	LONG CANYON 43-12 WD	AC	<input checked="" type="checkbox"/>
258867	PIT	CL	05/15/2001		-	CHIPS 43-12 PIT	CL	<input type="checkbox"/>
439943	SPILL OR RELEASE	CL	11/17/2014		-	SPILL/RELEASE POINT	CL	<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
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
WELLHEAD				

**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	1	SATISFACTORY	Wellhead and pipeline.		

**Facilities:**☐ New Tank

Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	1000 BBLS	STEEL AST	,

Inspector Name: DURAN, JOHN

S/A/V:	SATISFACTORY	Comment:				
Corrective Action:					Corrective Date:	
<u>Paint</u>						
Condition	Adequate					
Other (Content)						
Other (Capacity)						
Other (Type)						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Corrective Action					Corrective Date	
Comment						

<u>Venting:</u>			
Yes/No	Comment		

<u>Flaring:</u>					
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date	

**Predrill**

Location ID: 257721

**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: 159057 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 257721 Type: WELL API Number: 071-07035 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_ 600

**UIC Routine**Inj./Tube: Pressure or inches of Hg -22" Hg  
(e.g. 30 psig or -30" Hg)Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
Inj Zone: DK-PR

TC: Pressure or inches of Hg -9" Hg

Previous Test Pressure \_\_\_\_\_ Last MIT: 08/30/2011

Brhd: Pressure or inches of Hg 1 psig

Previous Test Pressure \_\_\_\_\_ AnnMTReq: NO

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

Method of Injection: GRAVITY FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

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

**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			

Inspector Name: DURAN, JOHN

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

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

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

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

Permit:	Facility ID	Permit Num	Expiration Date
	258867	882199	