

**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:

12/23/2015

Document Number:

675102051

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335826	335826	GRANAHAH, KYLE	<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		Jessica_Dooling@xtoenergy.com	Piceance Creek insp

Compliance Summary:QtrQtr: NWSW Sec: 25 Twp: 1S Range: 97W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
277179	WELL	SI	04/10/2013	GW	103-10560	PICEANCE CREEK UNIT T25X-25G	TA	<input checked="" type="checkbox"/>
297577	WELL	AL	11/04/2011	LO	103-11328	Piceance Creek Unit T25X-25G7	AL	<input type="checkbox"/>
297578	WELL	PR	08/22/2010	GW	103-11329	PICEANCE CREEK UNIT T25X-25G1	SI	<input checked="" type="checkbox"/>
297579	WELL	AL	11/04/2011	LO	103-11330	Piceance Creek Unit T25X-25G2	AL	<input type="checkbox"/>
297580	WELL	AL	11/04/2011	LO	103-11331	Piceance Creek Unit T25X-25G3	AL	<input type="checkbox"/>
297581	WELL	AL	11/04/2011	LO	103-11332	Piceance Creek Unit T25X-25G4	AL	<input type="checkbox"/>
297582	WELL	AL	11/04/2011	LO	103-11333	Piceance Creek Unit T25X-25G5	AL	<input type="checkbox"/>
297583	WELL	AL	11/04/2011	LO	103-11334	Piceance Creek Unit T25X-25G8	AL	<input type="checkbox"/>
297584	WELL	AL	11/04/2011	LO	103-11335	Piceance Creek Unit T25X-25G9	AL	<input type="checkbox"/>
297585	WELL	AL	11/04/2011	LO	103-11336	Piceance Creek Unit T25X-25G10	AL	<input type="checkbox"/>
297586	WELL	AL	11/04/2011	LO	103-11337	Piceance Creek Unit T25X-25G6	AL	<input type="checkbox"/>
412417	PIT		06/03/2009		-	PICEANCE CREEK UNIT T25X-25G PAD		<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
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

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

Corrective Date: _____

Comment: **970-675-4117**

Corrective Action: _____

Spills:

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

Type: Deadman # & Marked	# 8	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Horizontal Separator	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Bird Protectors	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
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Inspector Name: GRANAHAHAN, KYLE

CONDENSATE	1	400 BBLs	STEEL AST	39.934060,-108.234440	
S/AR	SATISFACTORY	Comment: AIRS ID 103-0611-001, 103-0611-002			
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	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Facilities: <input type="checkbox"/> New Tank Tank ID: _____					
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	2	400 BBLs	STEEL AST	,	
S/AR	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	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No	NO				
Comment					
Flaring:					
Type		Satisfactory/Action Required			
Comment:					
Corrective Action:				Correct Action Date:	

Predrill

Location ID: 335826

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:

Data retrieval failed for the subreport 'Subreport1' located at: \\10.12.100.15\cFormReports\Insp\InspCOA.rdl. Please check t

S/A/V: _____ Comment: _____

CA: _____ Date: _____

Wildlife BMPs:

Data retrieval failed for the subreport 'Subreport2' located at: \\10.12.100.15\cFormReports\Insp\InspBMP.rdl. Please check t

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: 277179 Type: WELL API Number: 103-10560 Status: SI Insp. Status: TA

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: EQUIPMENT PRESENT/DISCONNECTED

S/A/V: SATISFACTORY CA Date: _____

CA: _____

Comment: Well TA - current MIT on file doc # 400855667

Facility ID: 297578 Type: WELL API Number: 103-11329 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In☐ Temporarily Abandoned

Reminder: EQUIPMENT ONSITE

S/A/V: SATISFACTORY

CA Date: _____

CA: _____

Comment: Well SI - production records indicate well last produced in Aug '15

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 _____

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? PassProduction areas stabilized ? Pass

Inspector Name: GRANAHAN, KYLE

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
Compaction	Pass					
		Compaction	Pass			
				MHSP	Pass	

S/A/V: SATISFACTOR Corrective Date: _____

Y

Comment: **Snow cover present - no sediment flow evident**

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Inspector Name: GRANAHAN, KYLE

Permit:	Facility ID	Permit Num	Expiration Date
	412417	1714815	