

**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:
12/23/2015Document Number:
675102056Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	413466	413466	GRANAHAN, 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: NWSE Sec: 6 Twp: 2S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/14/2014	673400261			SATISFACTORY	I		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
412626	WELL	PR	02/16/2012	GW	103-11529	Piceance Creek Unit 296 -6B5	PR	<input checked="" type="checkbox"/>
412628	WELL	PR	02/18/2012	GW	103-11530	Piceance Creek Unit 296 -6B4	PR	<input checked="" type="checkbox"/>
412650	WELL	PR	02/23/2012	GW	103-11531	Piceance Creek Unit 296 -6B7	PR	<input checked="" type="checkbox"/>
412651	WELL	PR	02/28/2012	GW	103-11534	Piceance Creek Unit 296 -6B8	PR	<input checked="" type="checkbox"/>
412652	WELL	PR	02/26/2012	GW	103-11533	Piceance Creek Unit 296 -6B10	PR	<input checked="" type="checkbox"/>
412653	WELL	PR	02/27/2012	GW	103-11532	Piceance Creek Unit 296 -6B9	PR	<input checked="" type="checkbox"/>
413071	WELL	PR	02/24/2012	GW	103-11546	Piceance Creek Unit 296 -6B1	PR	<input checked="" type="checkbox"/>
413072	WELL	SI	10/28/2015	GW	103-11545	PICEANCE CREEK UNIT 296-6B2	TA	<input checked="" type="checkbox"/>
413073	WELL	PR	02/25/2012	GW	103-11547	Piceance Creek Unit 296 -6B6	PR	<input checked="" type="checkbox"/>
413074	WELL	PR	02/21/2012	GW	103-11548	Piceance Creek Unit 296 -6B3	PR	<input checked="" type="checkbox"/>

Inspector Name: GRANAHAH, KYLE

420010	PIT		10/22/2010	-	PCU 296-6B		
431149	PIT	AC	12/20/2012	-	PCU 296-6B	AC	

Equipment:Location Inventory

Special Purpose Pits: <u>1</u>	Drilling Pits: <u>2</u>	Wells: <u>10</u>	Production Pits: <u> </u>
Condensate Tanks: <u> </u>	Water Tanks: <u> </u>	Separators: <u>2</u>	Electric Motors: <u>13</u>
Gas or Diesel Motors: <u> </u>	Cavity Pumps: <u> </u>	LACT Unit: <u> </u>	Pump Jacks: <u> </u>
Electric Generators: <u> </u>	Gas Pipeline: <u>1</u>	Oil Pipeline: <u> </u>	Water Pipeline: <u>1</u>
Gas Compressors: <u> </u>	VOC Combustor: <u> </u>	Oil Tanks: <u> </u>	Dehydrator Units: <u> </u>
Multi-Well Pits: <u> </u>	Pigging Station: <u> </u>	Flare: <u> </u>	Fuel Tanks: <u> </u>

Location**Signs/Marker:**

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

Emergency Contact Number (S/A/V): SATISFACTORYCorrective Date: Comment: 970-675-4117Corrective 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
LOCATION	SATISFACTORY			

Equipment:

Type: Horizontal Separator	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date: <u> </u>	
Type: Ancillary equipment	# 4	Satisfactory/Action Required: SATISFACTORY
Comment	500 gallon chemical injection tote w/secondary containment	
Corrective Action	Date: <u> </u>	
Type: Gas Meter Run	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date: <u> </u>	

Venting:

Yes/No	NO
Comment	

Flaring:

Type	Satisfactory/Action Required	
Comment:		
Corrective Action:		Correct Action Date:

Predrill

Location ID: 413466

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.rpt. Please check t

S/A/V: SATISFACTORY **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:**

Data retrieval failed for the subreport 'Subreport2' located at: \\10.12.100.15\cFormReports\Insp\InspBMP.rpt. 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: 412626 Type: WELL API Number: 103-11529 Status: PR Insp. Status: PR

Producing Well

Comment: Well PR

Facility ID: 412628 Type: WELL API Number: 103-11530 Status: PR Insp. Status: PR

Producing WellComment: **PR**Facility ID: 412650 Type: WELL API Number: 103-11531 Status: PR Insp. Status: PR**Producing Well**Comment: **PR**Facility ID: 412651 Type: WELL API Number: 103-11534 Status: PR Insp. Status: PR**Producing Well**Comment: **PR**Facility ID: 412652 Type: WELL API Number: 103-11533 Status: PR Insp. Status: PR**Producing Well**Comment: **PR**Facility ID: 412653 Type: WELL API Number: 103-11532 Status: PR Insp. Status: PR**Producing Well**Comment: **PR**Facility ID: 413071 Type: WELL API Number: 103-11546 Status: PR Insp. Status: PR**Producing Well**Comment: **PR**Facility ID: 413072 Type: WELL API Number: 103-11545 Status: SI Insp. Status: TA**Idle Well**Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: EQUIPMENT PRESENT/DISCONNECTEDS/A/V: SATISFACTORY CA Date: _____

CA: _____

Comment: **Well TA - current mit on file doc # 1726768**Facility ID: 413073 Type: WELL API Number: 103-11547 Status: PR Insp. Status: PR**Producing Well**Comment: **PR**Facility ID: 413074 Type: WELL API Number: 103-11548 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****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: RANGELAND

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? _____ 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? _____

Production areas have been stabilized? _____

Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Inspector Name: GRANAHAN, KYLE

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

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
Y

Corrective Date: _____

Comment: Snow cover present - no sediment flow evident

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT