

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



Inspection Date:
01/27/2016
Document Number:
668004117
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|--------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>299643</u> | <u>309551</u> | <u>DURAN, JOHN</u> | <input type="checkbox"/> | |

Operator Information:

OGCC Operator Number: 100264
Name of Operator: XTO ENERGY INC
Address: 382 CR 3100
City: 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 |
|------------------|---------------------------|-------------------------------|-----------------------------|
| Trujillo, Irwin | 719-846-0272/719-859-2264 | irwin_trujillo@xtoenergy.com | Sr. Env. Tech., Raton Basin |
| Harrison, Lyndon | 505-333-3100 | Lyndon_Harrison@xtoenergy.com | |
| Begano, Mary | 719-859-1918/719-846-2102 | mary_begano@xtoenergy.com | All Inspections |

Compliance Summary:

QtrQtr: NWNW Sec: 9 Twp: 34S Range: 67W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/10/2012 | 668000112 | WO | WO | SATISFACTORY | | | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|-------------------------------------|
| 299643 | WELL | PR | 09/10/2012 | GW | 071-09683 | APACHE CANYON 09-04 | PR | <input checked="" type="checkbox"/> |

Equipment:

Location Inventory

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

Location

| Lease Road: | | | | |
|--------------------|------------------------------|---------|-------------------|------|
| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
| | | | | |

| Signs/Marker: | | | | |
|----------------------|------------------------------|---------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD | SATISFACTORY | | | |

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

| Good Housekeeping: | | | | |
|---------------------------|------------------------------|---------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| | | | | |

| 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 |
| | | | | |

| Equipment: | | | | | |
|--------------------------|-----|-------------------------------|--------------|-------|--|
| Type: Pump Jack | # 1 | Satisfactory/Action Required: | SATISFACTORY | | |
| Comment | | | | | |
| Corrective Action | | | | Date: | |
| Type: Gas Meter Run | # 1 | Satisfactory/Action Required: | SATISFACTORY | | |
| Comment | | | | | |
| Corrective Action | | | | Date: | |
| Type: Compressor | # 1 | Satisfactory/Action Required: | SATISFACTORY | | |
| Comment | | | | | |
| Corrective Action | | | | Date: | |
| Type: Vertical Separator | # 1 | Satisfactory/Action Required: | SATISFACTORY | | |
| Comment | | | | | |
| Corrective Action | | | | Date: | |

| Venting: | |
|-----------------|--|
| Yes/No | |
| Comment | |

| Flaring: | |
|-----------------|------------------------------|
| Type | Satisfactory/Action Required |
| Comment: | |

| | |
|--------------------------|----------------------------|
| Corrective Action: _____ | Correct Action Date: _____ |
|--------------------------|----------------------------|

Predrill

Location ID: 299643

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:

| Group | User | Comment | Date |
|-------|----------|--|------------|
| OGLA | koepsear | Due to the SARUCHE-ROMBO-ROCK OUTCROP COMPLEX the following will apply: Location is in a sensitive area because of potential for adverse impacts to ground water/surface water; therefore all pits will be lined. | 01/14/2011 |
| OGLA | koepsear | Operator must implement site-specific best management practices in accordance with good engineering practices, including, but not limited to, construction of a berm or diversion dike, site grading, or other comparable measures, sufficient to prevent a release of drilling, completion, produced fluids, or chemical products from migrating off of the oil and gas location. | 01/14/2011 |
| OGLA | koepsear | No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. | 01/14/2011 |
| OGLA | koepsear | The site specific BMPS provided by XTO Energy for Erosion control and storm water management should be implemented immediately after pad construction. | 01/14/2011 |

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

| BMP Type | Comment |
|-----------------------------|--|
| Storm Water/Erosion Control | Site Specific BMPS were provided by XTO and have been included in the Attachments under the "OTHER TAB". |

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

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:

Inspector Name: DURAN, JOHN

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: 299643 Type: WELL API Number: 071-09683 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:

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: TIMBER

Comment:

1003a. Waste and Debris removed?

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 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: TIMBER

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
Y

Corrective Date: _____

Comment:

CA:

Pits: NO SURFACE INDICATION OF PIT