

**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:

03/04/2016

Document Number:

680600504

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 216181 | 326291 | ROY, CATHERINE | <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 |
|------------------|----------------|-------------------------------|-----------------|
| Trobaugh, Robert | 505-333-3185 | robert_trobaugh@xtoenergy.com | All Inspections |
| Hixon, Logan | (505) 386-8018 | logan_hixon@xtoenergy.com | |
| Harrison, Lyndon | | lyndon_harrison@xtoenergy.com | |

Compliance Summary:QtrQtr: NESE Sec: 6 Twp: 34N Range: 8W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 07/29/2014 | 674900066 | PR | EI | SATISFACTORY | P | | No |
| 10/10/2012 | 669400161 | PR | PR | SATISFACTORY | P | | No |
| 03/31/2009 | 200207644 | PR | PR | SATISFACTORY | | | No |
| 06/20/2006 | 200099663 | PR | PR | SATISFACTORY | | Pass | No |
| 06/28/2004 | 200058345 | PR | PR | SATISFACTORY | | Pass | No |
| 09/09/2002 | 200032141 | PR | PR | SATISFACTORY | | Pass | No |
| 12/12/2001 | 200023304 | PR | PR | SATISFACTORY | | Pass | No |
| 12/05/2000 | 200012902 | PR | PR | SATISFACTORY | | Pass | No |
| 11/08/2000 | 200012110 | PR | PR | SATISFACTORY | | Pass | No |
| 09/14/1999 | 500150179 | PR | PR | | | Pass | No |
| 11/10/1997 | 500150178 | PR | PR | | | Pass | No |
| 10/18/1996 | 500150177 | PR | PR | | | Pass | No |
| 10/16/1995 | 500150176 | PR | PR | | | | No |

Inspector Comment:

This is an interim reclamation and stormwater inspection. Any corrective actions not addressed from previous inspections are still applicable.

Related Facilities:

Inspector Name: ROY, CATHERINE

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-------------------------|-------------|-------------------------------------|
| 216181 | WELL | PR | 10/10/1991 | GW | 067-07787 | SE DURANGO-WRIDE 6-1 | PR | <input checked="" 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**Lease Road:**

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|------|---------------------------------|---------|-------------------|------|
| | | | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|---------------------------------|---------|-------------------|---------|
| | | | | |

Emergency Contact Number (S/AR): _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|---------------------------------|---------|-------------------|---------|
| | | | | |

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
| | | | | |

☐ Multiple Spills and Releases?**Fencing/:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|---------------------------------|---------|-------------------|---------|
| | | | | |

Equipment:

| Type: | # | Satisfactory/Action Required: | |
|-------------------|---|-------------------------------|-------------|
| Comment | | | |
| Corrective Action | | | Date: _____ |

Venting:

| Yes/No | |
|---------|--|
| Comment | |

Flaring:

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

Predrill

Location ID: 216181

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:**S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****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:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: 216181 Type: WELL API Number: 067-07787 Status: PR Insp. Status: PR

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Inspector Name: ROY, CATHERINE

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: Location is surrounded by irrigated pasture. An irrigation ditch runs adjacent to the eastern edge of the project area. Revegetation with grasses and scattered saltbush is progressing. See attached photos.

1003a. Waste and Debris removed? Pass

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

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? In Production areas stabilized ? In

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? In

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Inspector Name: ROY, CATHERINE

| | | |
|--|-------------------|---------------------------------|
| Top soil replaced _____ | Recontoured _____ | 80% Revegetation _____ In _____ |
| 1003 f. Weeds Noxious weeds? _____ I _____ | | |
| Comment: _____ | | |
| Overall Interim Reclamation _____ In Process _____ | | |

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 <input type="checkbox"/> | Multi-Well Location <input type="checkbox"/> |

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

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

Y _____

Comment: Stormwater erosion appears to be controlled on the location at this time.

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/webblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|-------------------|---|
| 680600505 | Inspection Photos | http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3811489 |