

**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:

04/14/2016

Document Number:

674901048

Overall Inspection:

SATISFACTORY w/ CMT
or AR**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	301012	307030	Hughes, Jim	<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
Hixon, Logan	505-386-8018	logan_hixon@xtoenergy.com	SW EHS Tech
Harrison, Lyndon	505-333-3100	lyndon_harrison@xtoenergy.com	SW Inspection Reports
Fischer, Alex		alex.fischer@state.co.us	
Trobaugh, Robert	505-333-3185	robert_trobaugh@xtoenergy.com	SW Inspection Reports

Compliance Summary:QtrQtr: NWNW Sec: 1 Twp: 32N Range: 7W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/26/2014	674600148	PR	PR	SATISFACTORY	P		No

Inspector Comment:

On March 14, 2016 COGCC SW EPS Jim Hughes conducted an environmental field inspection of the XTO Tiffany C #3. For the most recent field inspection report of this facility, please refer to document #674600148. This field inspection resulted from Spill/Release Point ID #445141 (Initial spill report document #401004576).

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
214908	WELL	PR		GW	067-06512	TIFFANY C 2	EI	<input checked="" type="checkbox"/>
301012	WELL	PR	12/01/2013	GW	067-09681	TIFFANY C 3	EI	<input checked="" type="checkbox"/>
445141	SPILL OR RELEASE	CL	03/13/2016		-	SPILL/RELEASE POINT	EI	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: Hughes, Jim

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

Lease Road:				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Main	SATISFACTORY			
Access	SATISFACTORY			

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Sign mounted to fence near location entrance.		

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
Produced Water	Pump Jack	<= 1 bbl	Stop leak from C #2 well head.	04/14/2016
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
PUMP JACK	SATISFACTORY			

Equipment:				
Type: Gas Meter Run	# 2	Satisfactory/Action Required: SATISFACTORY		
Comment	Combination unit with separators.			
Corrective Action				Date:
Type: Bird Protectors	# 2	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:
Type: Vertical Heated Separator	# 2	Satisfactory/Action Required: SATISFACTORY		
Comment	Combination unit with meter runs.			

Inspector Name: Hughes, Jim

Corrective Action		Date:	
Type: Pump Jack	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		Electrical supply	
Corrective Action		Date:	
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		Telemetry	
Corrective Action		Date:	
Type: Deadman # & Marked	# 8	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: 301012

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: 214908 Type: WELL API Number: 067-06512 Status: PR Insp. Status: EI

Facility ID: 301012 Type: WELL API Number: 067-09681 Status: PR Insp. Status: EI

Facility ID: 445141 Type: SPILL OR API Number: - Status: CL Insp. Status: EI

Environmental**Spills/Releases:**

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

Comment: A leaking fitting was observed during this field inspection. The operator was contacted.

Corrective Action: Stop release from C #2 well head. Date: 04/14/2016

Inspector Name: Hughes, Jim

Reportable: NO GPS: Lat 37.049770 Long -107.564910
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. 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 _____

Inspector Name: Hughes, Jim

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			

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
On March 14, 2016 COGCC SW EPS Jim Hughes conducted an environmental field inspection of the XTO Tiffany C #3. For the most recent field inspection report of this facility, please refer to document #674600148. This field inspection resulted from Spill/Release Point ID #445141 (Initial spill report document #401004576). During this field inspection a leaking fitting was observed on the C #2 well head. Water and gas were observed leaking from the fitting. The operator was contacted.	hughesj	04/18/2016

Attached Documents

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

Document Num	Description	URL
674901049	Gas and fluid leaking from fitting on C #2 well head.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3836243
674901050	Tiffany C #2 well head.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3836244

