

**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:

04/20/2016

Document Number:

668004341

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 269670 | 334312 | DURAN, JOHN | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 10084Name of Operator: PIONEER NATURAL RESOURCES USA INCAddress: 5205 N O'CONNOR BLVD STE 200City: IRVING State: TX Zip: 75039

- ☐ 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 |
|-----------------------|--------------|---------------------------|-----------------|
| Distribution, Pioneer | 972-444-9001 | COGCC.Inspections@pxd.com | All Inspections |

Compliance Summary:QtrQtr: SENV Sec: 4 Twp: 32S Range: 66W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 09/27/2010 | 200273771 | PR | PR | SATISFACTORY | | | No |
| 02/16/2007 | 200104653 | PR | PR | SATISFACTORY | | Pass | No |
| 02/15/2007 | 200104809 | PR | PR | SATISFACTORY | | Pass | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------|-------------------------------------|
| 269670 | WELL | PR | 05/10/2004 | GW | 071-07921 | ROSSI 22-4 | PR | <input checked="" type="checkbox"/> |
| 273654 | WELL | PR | 12/29/2004 | GW | 071-08197 | ROSSI 22-4TR | PR | <input checked="" type="checkbox"/> |
| 274303 | PIT | AC | 10/22/2004 | - | - | ROSSI 22-4 ONSITE | AC | <input type="checkbox"/> |
| 280325 | PIT | AC | 09/29/2005 | - | - | ROSSI 22-4 ONSITE | AC | <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

Inspector Name: DURAN, JOHN

| | | | | |
|--------------------|------------------------------|---------|-------------------|------|
| 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 |
| | | | | |

☐ Multiple Spills and Releases?

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

| | | | | |
|--------------------------|-----|--|--|-------|
| Equipment: | | | | |
| Type: Vertical Separator | # 2 | Satisfactory/Action Required: SATISFACTORY | | |
| Comment | | | | |
| Corrective Action | | | | Date: |
| Type: Progressive Cavity | # 2 | Satisfactory/Action Required: SATISFACTORY | | |
| Comment | | | | |
| Corrective Action | | | | Date: |
| Type: Gas Meter Run | # 2 | Satisfactory/Action Required: SATISFACTORY | | |
| Comment | | | | |
| Corrective Action | | | | Date: |
| Type: Deadman # & Marked | # 8 | Satisfactory/Action Required: SATISFACTORY | | |
| Comment | | | | |
| Corrective Action | | | | Date: |

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

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

Inspector Name: DURAN, JOHN

| | | | |
|--------------------|--|-------------------------|--|
| Comment: | | | |
| Corrective Action: | | Correct Action Date: | |

Predrill

Location ID: 269670

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: <u>269670</u> | Type: <u>WELL</u> | API Number: <u>071-07921</u> | Status: <u>PR</u> | Insp. Status: <u>PR</u> |
|----------------------------|-------------------|------------------------------|-------------------|-------------------------|

Producing Well

Comment: PR

| | | | | |
|----------------------------|-------------------|------------------------------|-------------------|-------------------------|
| Facility ID: <u>273654</u> | Type: <u>WELL</u> | API Number: <u>071-08197</u> | Status: <u>PR</u> | Insp. Status: <u>PR</u> |
|----------------------------|-------------------|------------------------------|-------------------|-------------------------|

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: _____

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? _____

Inspector Name: DURAN, JOHN

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | Gravel | Pass | | | |

S/A/V: SATISFACTOR _____

Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Inspector Name: DURAN, JOHN

| | | | | | | | | | |
|------------------------|----------------|--------------------|----|--------------------|--|--------------------|--|-------|--|
| Pit Type: | Produced Water | Lined: | NO | Pit ID: | | Lat: | | Long: | |
| Lining: | | | | | | | | | |
| Liner Type: | | Liner Condition: | | | | | | | |
| Comment: | | | | | | | | | |
| Fencing: | | | | | | | | | |
| Fencing Type: | | Fencing Condition: | | | | | | | |
| Comment: | | | | | | | | | |
| Netting: | | | | | | | | | |
| Netting Type: | | Netting Condition: | | | | | | | |
| Comment: | | | | | | | | | |
| Anchor Trench Present: | | Oil Accumulation: | | NO | | 2+ feet Freeboard: | | | |
| Pit (S/A/V): | | SATISFACTOR | | Comment: 30' x 60' | | | | | |
| Corrective Action: | | | | | | | | Date: | |

| | | | | | | | | | |
|------------------------|----------------|--------------------|----|--------------------|--|--------------------|--|-------|--|
| Pit Type: | Produced Water | Lined: | NO | Pit ID: | | Lat: | | Long: | |
| Lining: | | | | | | | | | |
| Liner Type: | | Liner Condition: | | | | | | | |
| Comment: | | | | | | | | | |
| Fencing: | | | | | | | | | |
| Fencing Type: | | Fencing Condition: | | | | | | | |
| Comment: | | | | | | | | | |
| Netting: | | | | | | | | | |
| Netting Type: | | Netting Condition: | | | | | | | |
| Comment: | | | | | | | | | |
| Anchor Trench Present: | | Oil Accumulation: | | NO | | 2+ feet Freeboard: | | | |
| Pit (S/A/V): | | SATISFACTOR | | Comment: 30' x 60' | | | | | |
| Corrective Action: | | | | | | | | Date: | |

| | | | |
|---------|-------------|------------|-----------------|
| Permit: | Facility ID | Permit Num | Expiration Date |
| | 280325 | 1489878 | |
| | 274303 | 1230412 | |

| | | |
|-------------|-----------------|---------|
| Monitoring: | Monitoring Type | Comment |
| | Chain | |
| | Chain | |