

**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:

04/28/2016

Document Number:

680400472

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	292890	335897	BROWNING, CHUCK	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 100264Name of Operator: XTO ENERGY INCAddress: PO BOX 6501City: ENGLEWOOD State: CO Zip: 80155

- ☐ 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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Dooling, Jessica	(970) 878-6800	Jessica_Dooling@xtoenergy.com	Piceance Basin Field

Compliance Summary:QtrQtr: SESE Sec: 34 Twp: 1S Range: 97W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/15/2015	668403144	IJ	SI	SATISFACTORY			No
07/21/2014	668402450	SI	AC	SATISFACTORY	P		No
07/16/2013	669300690	IJ	AC	SATISFACTORY	I		No
10/26/2012	669300234	IJ	AC	SATISFACTORY			No
03/15/2011	200301287	MI	PD	SATISFACTORY			No

Inspector Comment:Routine UIC Inspection.**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159361	UIC DISPOSAL	AC	02/25/2011		-	PICEANCE CREEK UNIT 197-34B8	AC	<input type="checkbox"/>
291493	PIT	CL	08/13/2015		-	PCU 197-34	CL	<input type="checkbox"/>
292855	WELL	PR	03/18/2011	GW	103-11090	PICEANCE CREEK UNIT 197-34B3	PR	<input checked="" type="checkbox"/>
292858	WELL	PR	08/20/2010	GW	103-11089	PICEANCE CREEK UNIT 197-34B9	PR	<input checked="" type="checkbox"/>
292860	WELL	PR	08/11/2010	GW	103-11088	PICEANCE CREEK UNIT 197-34B5	PR	<input checked="" type="checkbox"/>
292871	WELL	PR	08/13/2010	GW	103-11087	PICEANCE CREEK UNIT 197-34B4	PR	<input checked="" type="checkbox"/>
292873	WELL	PR	08/09/2010	GW	103-11086	PICEANCE CREEK UNIT 197-34B7	PR	<input checked="" type="checkbox"/>

Inspector Name: BROWNING, CHUCK

292887	WELL	PR	02/09/2011	GW	103-11085	PICEANCE CREEK UNIT 197-34B2	PR	<input checked="" type="checkbox"/>
292888	WELL	PR	08/08/2010	GW	103-11084	PICEANCE CREEK UNIT 197-34B1	PR	<input checked="" type="checkbox"/>
292889	WELL	PR	08/08/2010	GW	103-11083	PICEANCE CREEK UNIT 197-34B6	PR	<input checked="" type="checkbox"/>
292890	WELL	IJ	10/06/2014	DSPW	103-11082	PICEANCE CREEK UNIT 197-34B8	AC	<input checked="" type="checkbox"/>
293965	WELL	PR	08/26/2010	GW	103-11146	PICEANCE CREEK UNIT 197-34B10	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 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
Access	SATISFACTORY			
Main	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	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:	#	Satisfactory/Action Required:	
Comment			
Corrective Action			Date:

Venting:	
Yes/No	NO
Comment	

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

Predrill

Location ID: 292890

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:	292855	Type:	WELL	API Number:	103-11090	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Producing									
Facility ID:	292858	Type:	WELL	API Number:	103-11089	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Producing									
Facility ID:	292860	Type:	WELL	API Number:	103-11088	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Producing									
Facility ID:	292871	Type:	WELL	API Number:	103-11087	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Producing									
Facility ID:	292873	Type:	WELL	API Number:	103-11086	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Producing									
Facility ID:	292887	Type:	WELL	API Number:	103-11085	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Producing									
Facility ID:	292888	Type:	WELL	API Number:	103-11084	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Producing									
Facility ID:	292889	Type:	WELL	API Number:	103-11083	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: Producing									
Facility ID:	292890	Type:	WELL	API Number:	103-11082	Status:	IJ	Insp. Status:	AC

Inspector Name: BROWNING, CHUCK

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 412
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____ MPP _____
Inj Zone: WSTCG

TC: Pressure or inches of Hg 0

Previous Test Pressure _____ Last MIT: 11/10/2015

Brhd: Pressure or inches of Hg 0

Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC Inspection. Active injection at time of inspection.

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 293965 Type: WELL API Number: 103-11146 Status: PR Insp. Status: PR

Producing Well

Comment: Producing

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: _____

Comment: _____

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? Pass

CM _____

CA _____

CA Date _____

Guy line anchors marked? Pass

CM _____

CA _____

CA Date _____

1003b. Area no longer in use? PassProduction areas stabilized ? Pass1003c. Compacted areas have been cross ripped? Pass

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? Pass

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? _____ P _____

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 ☐

Inspector Name: BROWNING, CHUCK

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass	MHSP	Pass	
S/A/V: SATISFACTOR Corrective Date: _____ Y _____						
Comment: _____						
CA: _____						

Pits: <input type="checkbox"/> NO SURFACE INDICATION OF PIT			
Permit:	Facility ID	Permit Num	Expiration Date
	291493	1433692	