

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:
05/23/2016
Document Number:
685300535
Overall Inspection:
ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>295624</u>	<u>333116</u>	<u>St John, William (Cal)</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>100264</u>
Name of Operator:	<u>XTO ENERGY INC</u>
Address:	<u>PO BOX 6501</u>
City:	<u>ENGLEWOOD</u>
State:	<u>CO</u>
Zip:	<u>80155</u>

- 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
Harrison, Lyndon	505-333-3100	lyndon_harrison@xtoenergy.com	SW Inspection Reports
Trobaugh, Robert	505-333-3185	robert_trobaugh@xtoenergy.com	SW Inspection Reports
Labowskie, Steve		steve.labowskie@state.co.us	COGCC
Hixon, Logan	505-386-8018	logan_hixon@xtoenergy.com	SW EHS Tech

Compliance Summary:

QtrQtr:	<u>NWSW</u>	Sec:	<u>17</u>	Twp:	<u>32N</u>	Range:	<u>6W</u>
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Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/14/2013	669400664	PR	PR	SATISFACTORY	P		No
09/09/2008	200195411	BH	SI	SATISFACTORY			No

Inspector Comment:

This report contains corrective action. Please see Storm Water Section of report for additional comments. See link at end of report for path to downloadable pictures.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
213801	WELL	PR	05/21/2004	GW	067-05064	ABEYTA 17-1	PR	<input checked="" type="checkbox"/>
295624	WELL	PR	09/13/2008	GW	067-09535	ABEYTA 17-2	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			
Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	SATISFACTORY	Seprarators		
WELLHEAD	SATISFACTORY			
Emergency Contact Number (S/AR): <u>SATISFACTORY</u> 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
WELLHEAD	SATISFACTORY	Panel		
SEPARATOR	SATISFACTORY	Post and Hog Wire		
PUMP JACK	SATISFACTORY	Steel Mesh and Safety Rails		
Equipment:				
Type: Flow Line	# 2	Satisfactory/Action Required:		SATISFACTORY
Comment				
Corrective Action				Date:
Type: Deadman # & Marked	# 6	Satisfactory/Action Required:		SATISFACTORY
Comment				
Corrective Action				Date:
Type: Pump Jack	# 1	Satisfactory/Action Required:		SATISFACTORY
Comment				
Corrective Action				Date:
Type: Prime Mover	# 1	Satisfactory/Action Required:		SATISFACTORY
Comment Natural Gas Motor				
Corrective Action				Date:
Type: Gas Meter Run	# 2	Satisfactory/Action Required:		SATISFACTORY
Comment				

Corrective Action		Date:	
Type: Ancillary equipment	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment		Wellhead	
Corrective Action		Date:	
Type: Vertical Heated Separator	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Bird Protectors	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Ancillary equipment	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment		Telemetry Equipment	
Corrective Action		Date:	

Venting:	
Yes/No	NO
Comment	

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

Predrill

Location ID: 295624

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: 213801 Type: WELL API Number: 067-05064 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 295624 Type: WELL API Number: 067-09535 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: _____ 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 _____
 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			
Compaction	Pass	Culverts	Pass			
Berms	Fail	Compaction	Pass			

S/A/V: **ACTION REQUIRED** Corrective Date: **06/23/2016**
 Comment: **Irrigation water is running onto location on the NW corner and flooding the N side of location. Water is then flowing off the NE corner of location.**
 CA: **Install or repair required BMPs per Rule 1002.f. Refer to the 1002.f guidance document for further details.**

Pits: NO SURFACE INDICATION OF PIT

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

Document Num	Description	URL
685300551	Flooded N side of location	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3863856
685300552	Flowing onto NW corner of location	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3863857
685300553	Flowing off NE corner of location	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3863858