

**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:

06/17/2016

Document Number:

680400698

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 286472 | 336011 | 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 |
|------------------|----------------|-------------------------------|----------------------|
| Dooling, Jessica | (970) 878-6800 | Jessica_Dooling@xtoenergy.com | Piceance Basin Field |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |

Compliance Summary:QtrQtr: SWNE Sec: 13 Twp: 2S Range: 97W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/28/2016 | 680400477 | IJ | SI | SATISFACTORY | | | No |
| 06/15/2015 | 668403139 | IJ | SI | SATISFACTORY | | | No |
| 07/21/2014 | 668402448 | IJ | AC | SATISFACTORY | I | | No |
| 06/11/2014 | 670201283 | | | SATISFACTORY | | | No |
| 04/01/2014 | 668401965 | PA | AC | SATISFACTORY | | | No |
| 07/16/2013 | 669300710 | PA | SI | ACTION REQUIRED | | | No |
| 06/16/2011 | 200312826 | RT | AC | SATISFACTORY | | | No |

Inspector Comment:

UIC-5 yr MIT.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|--------------|--------|-------------|------------|-----------|------------------------------|-------------|
| 159323 | UIC DISPOSAL | AC | 12/18/2009 | | - | PICEANCE CREEK UNIT 297-13A6 | AC |
| 285501 | PIT | AC | 07/03/2006 | | - | PCU 279 13A | AC |
| 286472 | WELL | IJ | 04/10/2014 | DSPW | 103-10884 | PICEANCE CREEK UNIT 297-13A6 | SI |
| 286479 | WELL | PR | 10/24/2008 | GW | 103-10883 | PICEANCE CREEK UNIT 297-13A7 | PR |
| 286480 | WELL | AL | 01/08/2009 | LO | 103-10882 | PICEANCE CREEK UNIT 297-13A3 | AL |
| 286483 | WELL | AL | 01/08/2009 | LO | 103-10879 | PICEANCE CREEK UNIT 297-13A1 | AL |

Inspector Name: BROWNING, CHUCK

| | | | | | | | | |
|--------|---------------------|----|------------|----|-----------|---------------------------------|----|--|
| 286484 | WELL | PR | 11/01/2012 | GW | 103-10878 | PICEANCE CREEK UNIT 297-13A8 | PR | |
| 286485 | WELL | PR | 10/19/2008 | GW | 103-10877 | PICEANCE CREEK UNIT 297-13A9 | PR | |
| 436970 | SPILL OR RELEASE | AC | 05/14/2014 | | - | SPILL/RELEASE POINT | AC | |
| 439357 | PIT | CL | 10/17/2014 | | - | | CL | |
| 441331 | PIT | CL | 03/30/2015 | | - | PCU297-13A | CL | |

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 |
|--------|---------------------------------|---------|-------------------|------|
| Main | SATISFACTORY | | | |
| Access | SATISFACTORY | | | |

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 |
|----------|---------------------------------|---------|-------------------|---------|
| WELLHEAD | SATISFACTORY | | | |

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: 286472

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: 286472 Type: WELL API Number: 103-10884 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: WSTCG

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 04/01/2014

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 0 Csg psi: 550 BH psi: 0

Insp. Status: Pass

Comment: UIC-5 yr MIT.
 Pressure well to 550 psi. Hold for 15 min. Final pressure 550 psi. -0 psi loss. OK

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? _____

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 REVEGETATIONCropland

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

Inspector Name: BROWNING, CHUCK

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT