

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:
08/08/2016
Document Number:
668004676

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>89212</u>	<u>307685</u>	<u>DURAN, JOHN</u>	<input type="checkbox"/>	

Overall Inspection:
SATISFACTORY w/ CMT or AR

Operator Information:

OGCC Operator Number:	<u>10084</u>
Name of Operator:	<u>PIONEER NATURAL RESOURCES USA INC</u>
Address:	<u>5205 N O'CONNOR BLVD STE 200</u>
City:	<u>IRVING</u> State: <u>TX</u> Zip: <u>75039</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
Distribution, Pioneer	972-444-9001	COGCC.Inspections@pxd.com	All Inspections

Compliance Summary:

QtrQtr: SWSE Sec: 36 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)
01/08/2013	668000861	PR	PR	SATISFACTORY	Pass		No
07/08/2011	200319732	PR	PR	SATISFACTORY			No
03/30/2009	200207541	PR	PR	SATISFACTORY			No
01/27/2006	200083624	PR	PR	SATISFACTORY		Pass	No
01/16/2004	200049013	PR	PR	SATISFACTORY		Pass	No
03/30/2001	200016068	PR	PR	SATISFACTORY	In Process	Pass	No
09/29/1999	500152128	DG	WO			Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
89212	WELL	PR	03/01/2000	GW	071-06792	TECHNIC 34-36	PR <input checked="" type="checkbox"/>
259315	PIT	AC	02/16/2001		-	THOMAS 13-8 OFFSITE POND	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 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

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

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
PIT	SATISFACTORY			

Equipment:				
Type: Deadman # & Marked	# 5	Satisfactory/Action Required:	ACTION REQUIRED	
Comment	4 marked, 1 unmarked by electrical box.			
Corrective Action	Mark deadman by electrical box.			Date: 9/12/2016
Type: Progressive Cavity	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Vertical Separator	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Gas Meter Run	# 1	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: 89212
 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: 89212 Type: WELL API Number: 071-06792 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

Inspector Name: DURAN, JOHN

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: SATISFACTORY Corrective Date: _____

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: Livestock Fencing Condition: Adequate
Comment: _____

Netting:
Netting Type: _____ Netting Condition: _____
Comment: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: _____
Pit (S/A/V): SATISFACTOR Comment: 60' x 60'
Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
SEE : Equipment : deadman	duranj	08/12/2016

Attached Documents

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

Document Num	Description	URL
668004676	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3926953