

**FORM  
INSP**Rev  
X/15**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:

10/20/2016

Submitted Date:

10/25/2016

Document Number:

668004871**FIELD INSPECTION FORM**

Loc ID      Inspector Name:      On-Site Inspection ☐  
 308748      DURAN, JOHN      2A Doc Num: \_\_\_\_\_

**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**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**5 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

| Contact Name          | Phone        | Email                     | Comment                         |
|-----------------------|--------------|---------------------------|---------------------------------|
| Distribution, Pioneer | 972-444-9001 | COGCC.Inspections@pxd.com | <a href="#">All Inspections</a> |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 280571      | WELL | PR     | 10/30/2013  | GW         | 071-08567 | Smith 22-18R  | PR          |

**General Comment:**

**Location**Overall Good: ☒

|                      |          |       |  |
|----------------------|----------|-------|--|
| <b>Signs/Marker:</b> |          |       |  |
| Type                 | WELLHEAD |       |  |
| Comment:             |          |       |  |
| Corrective Action:   |          | Date: |  |

Emergency Contact Number:

Comment:

Corrective Action:  Date:

Overall Good: ☒

|                |      |        |  |  |  |
|----------------|------|--------|--|--|--|
| <b>Spills:</b> |      |        |  |  |  |
| Type           | Area | Volume |  |  |  |

In Containment: No

Comment: ☐ Multiple Spills and Releases?

|                          |  |       |                 |
|--------------------------|--|-------|-----------------|
| <b>Equipment:</b>        |  |       | corrective date |
| Type: Progressive Cavity | # 1  |       |                 |
| Comment:                 |  |       |                 |
| Corrective Action:       |  | Date: |                 |
| Type: Vertical Separator | # 1  |       |                 |
| Comment:                 |  |       |                 |
| Corrective Action:       |  | Date: |                 |
| Type: Gas Meter Run      | # 1  |       |                 |
| Comment:                 |  |       |                 |
| Corrective Action:       |  | Date: |                 |
| Type: Deadman # & Marked | # 5  |       |                 |
| Comment:                 | 4 marked and 1 unmarked.                   |       |                 |
| Corrective Action:       | Mark the deadman that is at (GMR,VS) Shed. | Date: | 11/25/2016      |

**Venting:**

|                    |  |       |  |
|--------------------|--|-------|--|
| Yes/No             |  |       |  |
| Comment:           |  |       |  |
| Corrective Action: |  | Date: |  |

**Flaring:**

|                    |  |       |
|--------------------|--|-------|
| Type               |  |       |
| Comment:           |  |       |
| Corrective Action: |  | Date: |

|                             |            |                       |            |                  |
|-----------------------------|------------|-----------------------|------------|------------------|
| <b>Inspected Facilities</b> |            |                       |            |                  |
| Facility ID: 280571         | Type: WELL | API Number: 071-08567 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b>       |            |                       |            |                  |
| Comment:                    | PR         |                       |            |                  |
| Corrective Action:          |            |                       |            | Date:            |

**Reclamation - Storm Water - Pit****Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Pits:** ☐ NO SURFACE INDICATION OF PITType: Produced WaterLined: NO

Pit ID:

Lat:

Long:

Reference Point: \_\_\_\_\_

Other: \_\_\_\_\_

Length: \_\_\_\_\_

Width: \_\_\_\_\_

**Lining:**

Liner Type:

Liner Condition:

Comment:

Corrective Action

Date: c**Fencing:**

Fencing Type:

Fencing Condition:

Comment:

Corrective Action

Date:

**Netting:**

Netting Type:

Netting Condition:

Comment:

Corrective Action

Date:

Anchor Trench Present:

Oil Accumulation: NO

2+ feet Freeboard:

Comment: 30' x 60'

Corrective Action

Date:

| Permit: | Facility ID | Permit Num | Expiration Date |
|---------|-------------|------------|-----------------|
|         | 281181      | 1393444    |                 |

Monitoring:

Monitoring Type

Comment`

Chain

**COGCC Comments**

Comment

User

Date

SEE : Equipment : deadman.

duranj

10/24/2016