

FORM
INSPRev
X/15

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

11/09/2016

Submitted Date:

11/10/2016

Document Number:

685301788

FIELD INSPECTION FORM

Loc ID 333036 Inspector Name: St John, William (Cal) On-Site Inspection 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
 FOLLOW UP INSPECTION REQUIRED
 NO FOLLOW UP INSPECTION REQUIRED

Operator Information:OGCC Operator Number: 100264Name of Operator: XTO ENERGY INCAddress: PO BOX 6501City: ENGLEWOOD State: CO Zip: 80155**Findings:**15 Number of Comments0 Number of Corrective Actions Corrective Action Response Requested**Contact Information:**

| Contact Name | Phone | Email | Comment |
|------------------|--------------|-------------------------------|---------------------------------------|
| Trobaugh, Robert | 505-333-3185 | robert_trobaugh@xtoenergy.com | SW Inspection Reports |
| Woolley, Jeff | 505-333-3222 | Jeff_Woolley@xtoenergy.com | SW Inspection Reports |
| Hixon, Logan | 505-386-8018 | logan_hixon@xtoenergy.com | SW EHS Tech |
| Labowskie, Steve | | steve.labowskie@state.co.us | COGCC |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 214789 | WELL | PR | 10/23/2003 | GW | 067-06393 | MCDONALD C 1 | PR |
| 290779 | WELL | PR | 12/07/2007 | GW | 067-09370 | MCDONALD C 2 | PR |

General Comment:

Location

| | | | |
|--------------------|--------|--|-------|
| Lease Road: | | | |
| Type | Access | | |
| comment: | | | |
| Corrective Action | | | Date: |

Overall Good:

| | | | |
|----------------------|----------------------|--|-------|
| Signs/Marker: | | | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

| | | | |
|----------------------------------|--|--|-------------|
| Emergency Contact Number: | | | |
| Comment: | <input style="width: 95%;" type="text"/> | | |
| Corrective Action: | <input style="width: 95%;" type="text"/> | | Date: _____ |

Overall Good:

| | | | | |
|----------------|------|--------|--|--|
| Spills: | | | | |
| Type | Area | Volume | | |

In Containment: No

Comment:

Multiple Spills and Releases?

| | | | |
|--------------------|----------------|--|-------|
| Fencing/: | | | |
| Type | PUMP JACK | | |
| Comment: | Safety Barrier | | |
| Corrective Action: | | | Date: |
| Type | TANK BATTERY | | |
| Comment: | Post and Wire | | |
| Corrective Action: | | | Date: |
| Type | WELLHEAD | | |
| Comment: | Panel | | |
| Corrective Action: | | | Date: |

| | | | |
|-----------------------|-----|--|-----------------|
| Equipment: | | | corrective date |
| Type: Flow Line | # 2 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Bird Protectors | # 2 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

| | | | |
|---------------------------------|------------------------------|--|-------|
| Type: Ancillary equipment | # 2 | | |
| Comment: | Telemetry Equipment | | |
| Corrective Action: | | | Date: |
| Type: Other | # 1 | | |
| Comment: | Water Can and Valve Set | | |
| Corrective Action: | | | Date: |
| Type: Deadman # & Marked | # 8 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Ancillary equipment | # 2 | | |
| Comment: | Wellhead | | |
| Corrective Action: | | | Date: |
| Type: Pump Jack | # 2 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Gas Meter Run | # 2 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Vertical Heated Separator | # 2 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Prime Mover | # 2 | | |
| Comment: | Electric Motor | | |
| Corrective Action: | | | Date: |
| Type: Ancillary equipment | # 1 | | |
| Comment: | Electrical Service Equipment | | |
| Corrective Action: | | | Date: |

Tanks and Berms:

| Contents | # | Capacity | Type | Tanak ID | SE GPS |
|--------------------|----------------|----------|----------|----------|--------|
| PRODUCED WATER | 1 | OTHER | Open Top | | , |
| Comment: | Steel Mesh Top | | | | |
| Corrective Action: | | | | | Date: |

Paint

| | | |
|------------------|----------|--|
| Condition | Adequate | |
| Other (Content) | | |
| Other (Capacity) | 120 BBLS | |
| Other (Type) | | |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|----------|---------------------|---------------------|-------------|
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate |

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

Venting:

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

Flaring:

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

Inspected Facilities

Facility ID: 214789 Type: WELL API Number: 067-06393 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

Facility ID: 290779 Type: WELL API Number: 067-09370 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING _____

Comment _____

Corrective Action _____

Date _____

1002b. SOIL REMOVAL AND SEGREGATION _____

Comment _____

Corrective Action _____

Date _____

1002c. PROTECTION OF SOILS _____

Comment _____

Corrective Action _____

Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment _____

Corrective Action _____

Date _____

1003a. Waste and Debris removed? Pass

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? Pass

Comment _____

Corrective Action _____

Date _____

Pit, cellars, rat holes and other bores closed? Pass

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? Pass

Comment _____

Corrective Action _____

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 _____

1003e. INTERIM VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment

Corrective Action

Date _____

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 _____

1004.d. FINAL VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

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 | Compaction | Pass | | | |
| Comment: <input type="text"/> | | | | | | |
| Corrective Action: <input type="text"/> | | | | | Date: _____ | |
| Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT | | | | | | |