

FORM  
INSPRev  
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:

12/05/2016

Submitted Date:

12/09/2016

Document Number:

668005020**FIELD INSPECTION FORM**

Loc ID \_\_\_\_\_ Inspector Name: \_\_\_\_\_ On-Site Inspection   
309307 \_\_\_\_\_ 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:**2 Number of Comments0 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
291817	WELL	PR	10/28/2007	GW	071-09370	WOOKIE 21-23	PR

**General Comment:**

**Location**

Overall Good:

**Signs/Marker:**

	Type WELLHEAD		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:

Comment:				
Corrective Action:			Date:	_____

Overall Good:

**Spills:**

Type	Area	Volume			

In Containment: No

Comment: \_\_\_\_\_

Multiple Spills and Releases?

**Equipment:**

	Type	#			corrective date
Type: Gas Meter Run		# 1			
Comment:					
Corrective Action:					Date:
Type: Deadman # & Marked		# 4			
Comment:					
Corrective Action:					Date:
Type: Progressive Cavity		# 1			
Comment:					
Corrective Action:					Date:
Type: Vertical Separator		# 1			
Comment:					
Corrective Action:					Date:

**Venting:**

Yes/No			
Comment:			
Corrective Action:			Date:

**Flaring:**

Type			
Comment:			
Corrective Action:			Date:

**Inspected Facilities**

Facility ID: 291817 Type: WELL API Number: 071-09370 Status: PR Insp. Status: PR

**Producing Well**

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 PIT

Permit:	Facility ID	Permit Num	Expiration Date
	301268	1942072	