

**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:

03/21/2017

Submitted Date:

03/21/2017

Document Number:

680401243

FIELD INSPECTION FORM

Loc ID 315897 Inspector Name: BROWNING, CHUCK 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: 100264
Name of Operator: XTO ENERGY INC
Address: PO BOX 6501
City: ENGLEWOOD State: CO Zip: 80155

Findings:

- 6 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Dooling, Jessica	(970) 878-6800	Jessica_Dooling@xtoenergy.com	Piceance Basin Field

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
231733	WELL	IJ	06/01/2001	DSPW	103-09404	PICEANCE CREEK UNIT T36-3X WWD	SI

General Comment:

Routine UIC Inspection.

Location			
Lease Road:			
Type	Access		
comment:			
Corrective ActionL			Date:
Type	Main		
comment:			
Corrective ActionL			Date:
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type			
Comment:	UIC well inside housing		
Corrective Action:			Date:
Equipment:			
Type:	Ancillary equipment	# 1	corrective date
Comment:	Propane tank with barricade and Solar panels		
Corrective Action:			Date:
Venting:			
Yes/No	NO		
Comment:			
Corrective Action:			Date:
Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 231733 Type: WELL API Number: 103-09404 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 15 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: WSTCG
TC: Pressure or inches of Hg 43 Previous Test Pressure _____ Last MIT: 06/15/2015
Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC Inspection. Well shut in. No active injection at time of inspection.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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	Ditches	Pass			
Berms	Pass	Gravel	Pass	Self Inspection	Pass	

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT