

**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:

03/22/2017

Document Number:

680401245**FIELD INSPECTION FORM**
 Loc ID 335897 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 100264Name of Operator: XTO ENERGY INCAddress: PO BOX 6501City: ENGLEWOOD State: CO Zip: 80155**Status Summary:**

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

Findings:16 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

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

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
292855	WELL	PR	03/18/2011	GW	103-11090	PICEANCE CREEK UNIT 197-34B3	PR
292858	WELL	PR	08/20/2010	GW	103-11089	PICEANCE CREEK UNIT 197-34B9	PR
292860	WELL	PR	08/11/2010	GW	103-11088	PICEANCE CREEK UNIT 197-34B5	PR
292871	WELL	PR	08/13/2010	GW	103-11087	PICEANCE CREEK UNIT 197-34B4	PR
292873	WELL	PR	08/09/2010	GW	103-11086	PICEANCE CREEK UNIT 197-34B7	PR
292887	WELL	PR	02/09/2011	GW	103-11085	PICEANCE CREEK UNIT 197-34B2	PR
292888	WELL	PR	08/08/2010	GW	103-11084	PICEANCE CREEK UNIT 197-34B1	PR
292889	WELL	PR	08/08/2010	GW	103-11083	PICEANCE CREEK UNIT 197-34B6	PR
292890	WELL	IJ	10/06/2014	DSPW	103-11082	PICEANCE CREEK UNIT 197-34B8	AC
293965	WELL	PR	08/26/2010	GW	103-11146	PICEANCE CREEK UNIT 197-34B10	PR

General Comment:Routine UIC inspection.

Location**Lease Road:**

Type	Main		
comment:			
Corrective Action		Date:	
Type	Access		
comment:			
Corrective Action		Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Fencing/:**

Type	WELLHEAD		
Comment:	UIC well inside housing		
Corrective Action:		Date:	

Equipment:

			corrective date
Type: Horizontal Heated Separator	# 1		
Comment:	Inside housing		
Corrective Action:		Date:	
Type: Ancillary equipment	#		
Comment:	Manifold		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
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Comment:			
Corrective Action:		Date:	

Inspected Facilities									
Facility ID:	292855	Type:	WELL	API Number:	103-11090	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Flowing								
Corrective Action:						Date:			
Facility ID:	292858	Type:	WELL	API Number:	103-11089	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Flowing								
Corrective Action:						Date:			
Facility ID:	292860	Type:	WELL	API Number:	103-11088	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Flowing								
Corrective Action:						Date:			
Facility ID:	292871	Type:	WELL	API Number:	103-11087	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Flowing								
Corrective Action:						Date:			
Facility ID:	292873	Type:	WELL	API Number:	103-11086	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Flowing								
Corrective Action:						Date:			
Facility ID:	292887	Type:	WELL	API Number:	103-11085	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Flowing								
Corrective Action:						Date:			
Facility ID:	292888	Type:	WELL	API Number:	103-11084	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Flowing								
Corrective Action:						Date:			
Facility ID:	292889	Type:	WELL	API Number:	103-11083	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Flowing								
Corrective Action:						Date:			

Facility ID: 292890 Type: WELL API Number: 103-11082 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 753 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: WSTCG

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 06/17/2016

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC inspection. 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: _____

Facility ID: 293965 Type: WELL API Number: 103-11146 Status: PR Insp. Status: PR

Producing Well

Comment: Flowing

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

Permit:	Facility ID	Permit Num	Expiration Date
	291493	1433692	