

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:

03/21/2017

Submitted Date:

03/22/2017

Document Number:

680401249

### FIELD INSPECTION FORM

Loc ID 314881 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: 100264Name of Operator: XTO ENERGY INCAddress: PO BOX 6501City: ENGLEWOOD State: CO Zip: 80155**Findings:**7 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
229821	WELL	SI	05/14/2012	DSPW	103-07478	U S A-PICEANCE CREEK F13-1G	TA

**General Comment:**

Routine UIC Inspection.

Location			
<b>Lease Road:</b>			
Type	Main		
comment:			
Corrective ActionL			Date:
Type	Access		
comment:			
Corrective ActionL			Date:
Overall Good: <input checked="" type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
Overall Good: <input checked="" type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Panel fence		
Corrective Action:			Date:
<b>Equipment:</b>			
			corrective date
Type: Dehydrator	# 0		
Comment:	Equipment removed		
Corrective Action:			Date:
Type: Gas Meter Run	# 0		
Comment:	Equipment removed		
Corrective Action:			Date:
<b>Venting:</b>			
Yes/No	NO		
Comment:			
Corrective Action:			Date:
<b>Flaring:</b>			
Type			

Comment:		
Corrective Action:	Date:	

**Inspected Facilities**

Facility ID: 229821 Type: WELL API Number: 103-07478 Status: SI Insp. Status: TA

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
(e.g. 30 psig or -30" Hg) Inj Zone: WSTCA  
TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 04/28/2016  
Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Routine UIC Inspection. Well temporarily abandoned.

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
Berms	Pass	Gravel	Pass	Self Inspection	Pass	
Gravel	Pass	Ditches	Pass			

Comment:

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT