

**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:

680401251

FIELD INSPECTION FORM

Loc ID 336011 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:

- 10 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
286472	WELL	IJ	04/10/2014	DSPW	103-10884	PICEANCE CREEK UNIT 297-13A6	SI
286479	WELL	PR	10/24/2008	GW	103-10883	PICEANCE CREEK UNIT 297-13A7	PR
286484	WELL	PR	11/01/2012	GW	103-10878	PICEANCE CREEK UNIT 297-13A8	PR
286485	WELL	PR	10/19/2008	GW	103-10877	PICEANCE CREEK UNIT 297-13A9	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	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:	<input style="width: 95%;" type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?			

Fencing/:			
Type	TANK BATTERY		
Comment:	Panel fence		
Corrective Action:			Date:

Equipment:					corrective date
Type: Horizontal Heater Treater	# 1				
Comment:	Inside housing				
Corrective Action:					Date:
Type: Ancillary equipment	# 1				
Comment:	Manifold				
Corrective Action:					Date:

Tanks and Berms:						
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	400 BBLS	STEEL AST		39.880636,-108.226405	

Comment:		
Corrective Action:		Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 286472 Type: WELL API Number: 103-10884 Status: IJ Insp. Status: SI

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: WSTCG

TC: Pressure or inches of Hg 1100 Previous Test Pressure _____ Last MIT: 06/17/2016

Brhd: Pressure or inches of Hg 60 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: _____

Facility ID: 286479 Type: WELL API Number: 103-10883 Status: PR Insp. Status: PR

Producing Well

Comment: Flowing

Corrective Action: _____ Date: _____

Facility ID: 286484 Type: WELL API Number: 103-10878 Status: PR Insp. Status: PR

Producing Well

Comment: Flowing

Corrective Action: _____ Date: _____

Facility ID: 286485 Type: WELL API Number: 103-10877 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
Berms	Pass	Gravel	Pass	Self Inspection	Pass	
Gravel	Pass	Ditches	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	439357	400709402	
	285501	1433438	
	439357	400709402	