

**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:                     
**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:**10 Number of Comments0 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**

<b>Lease Road:</b>			
Type	Main		
comment:			
Corrective Action		Date:	
Type	Access		
comment:			
Corrective Action		Date:	

Overall Good: ☒

<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:		
Comment:		
Corrective Action:		Date: _____

Overall Good: ☒

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

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

☐ Multiple Spills and Releases?

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

<b>Equipment:</b>			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	