

**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:

06/12/2017

Submitted Date:

06/13/2017

Document Number:

685303320

**FIELD INSPECTION FORM**

Loc ID 306780 Inspector Name: St John, William (Cal) 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:**

13 Number of Comments  
0 Number of Corrective Actions  
 Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Hixon, Logan	505-386-8018	logan_hixon@xtoenergy.com	<a href="#">SW EHS Tech</a>
Trobaugh, Robert	505-333-3185	robert_trobaugh@xtoenergy.com	<a href="#">SW Inspection Reports</a>
Woolley, Jeff	505-333-3222	Jeff_Woolley@xtoenergy.com	<a href="#">SW Inspection Reports</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
264481	WELL	PR	01/20/2004	GW	067-08747	THORNE 1-34-R	PR

**General Comment:**

[2017 Flowline NTO Inspection 1000' Buffer](#)  
[Shadowing Operator Pressure Testing Team](#)

<b>Location</b>			
<b>Lease Road:</b>			
Type	Access		
comment:	Dirt and gravel two track road.		
Corrective Action:		Date:	
Overall Good: <input type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Free standing framed metal sign.		
Corrective Action:		Date:	
<b>Emergency Contact Number:</b>			
Comment:	Operator contact information posted on wellhead.		
Corrective Action:		Date:	
Overall Good: <input type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Equipment:</b>			
Type: Flow Line	# 1		corrective date
Comment:	3" steel line from wellhead casing to separator inlet. Both points on location. 37.26156/-107.72811 from scout card.		
Corrective Action:		Date:	
Type: Flow Line	# 1		
Comment:	3" steel line from wellhead tubing to separator inlet. Both points on location. 37.26156/-107.72811 from scout card.		
Corrective Action:		Date:	
Type: Flow Line	# 1		
Comment:	1" steel supply gas line from separator outlet to wellhead.		
Corrective Action:		Date:	
<b>Venting:</b>			
Yes/No			
Comment:			
Corrective Action:		Date:	
<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 264481 Type: WELL API Number: 067-08747 Status: PR Insp. Status: PR

**Flowline**

#1	Type: Well Site	2 of Lines
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Flowline Description

Flowline Type: Well Site Size: \_\_\_\_\_ Material: Carbon Steel  
 Variance: \_\_\_\_\_ Age: \_\_\_\_\_ Contents: Natural Gas

Integrity Summary

Failures: \_\_\_\_\_ Spills: \_\_\_\_\_ Repairs Made: \_\_\_\_\_  
 Coatings: \_\_\_\_\_ H2S: \_\_\_\_\_ Cathodic Protection: \_\_\_\_\_

Pressure Testing

Witnessed: Yes Test Result: Pass Charted: Yes

COGCC Rules(check all that apply)

1101. Installation and Reclamation  1102. Operations, Maintenance, and Repair  1103. Abandonment

Comment: Witnessed flow line pressure test on steel gas line from wellhead to separator inlet. All points are on location. 37.26156/-107.72811 from Scout Card. Testing was part of requirement of May 2, 2017 NTO. Test was conducted using Crystal gauge for pressure reading and charting. Starting pressure was 57.6 psi and ending pressure was 57.7 psi. Test duration was 15 minutes.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

#2	Type: Process Piping	1 of Lines
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Flowline Description

Flowline Type: Process Piping Size: \_\_\_\_\_ Material: Carbon Steel  
 Variance: \_\_\_\_\_ Age: \_\_\_\_\_ Contents: Natural Gas

Integrity Summary

Failures: \_\_\_\_\_ Spills: \_\_\_\_\_ Repairs Made: \_\_\_\_\_  
 Coatings: \_\_\_\_\_ H2S: \_\_\_\_\_ Cathodic Protection: \_\_\_\_\_

Pressure Testing

Witnessed: Yes Test Result: Pass Charted: Yes

COGCC Rules(check all that apply)

1101. Installation and Reclamation  1102. Operations, Maintenance, and Repair  1103. Abandonment

Comment: Witnessed flow line pressure test on steel supply gas line from separator outlet to wellhead. All points are on location. 37.26156/-107.72811 from Scout Card. Testing was part of requirement of May 2, 2017 NTO. Test was conducted using Crystal gauge for pressure reading and charting. Starting pressure was 43.8 psi and ending pressure was 43.4 psi. Test duration was 15 minutes.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**Reclamation - Storm Water - Pit**

**Interim Reclamation:**

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: \_\_\_\_\_

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

**1002 SITE PREPARATION AND STABILIZATION**

1002a. FENCING \_\_\_\_\_

Comment \_\_\_\_\_

Corrective Action \_\_\_\_\_

Date \_\_\_\_\_

1002b. SOIL REMOVAL AND SEGREGATION \_\_\_\_\_

Comment \_\_\_\_\_

Corrective Action \_\_\_\_\_

Date \_\_\_\_\_

1002c. PROTECTION OF SOILS \_\_\_\_\_

Comment \_\_\_\_\_

Corrective Action \_\_\_\_\_

Date \_\_\_\_\_

1002E. SURFACE DISTURBANCE MINIMIZATION \_\_\_\_\_

Comment \_\_\_\_\_

Corrective Action \_\_\_\_\_

Date \_\_\_\_\_

1003a. Waste and Debris removed? Pass

Comment \_\_\_\_\_

Corrective Action \_\_\_\_\_

Date \_\_\_\_\_

Unused or unneeded equipment onsite? Pass

Comment \_\_\_\_\_

Corrective Action \_\_\_\_\_

Date \_\_\_\_\_

Pit, cellars, rat holes and other bores closed? Pass

Comment \_\_\_\_\_

Corrective Action \_\_\_\_\_

Date \_\_\_\_\_

Guy line anchors marked? \_\_\_\_\_

Comment \_\_\_\_\_

Corrective Action \_\_\_\_\_

Date \_\_\_\_\_

1003b. Area no longer in use? \_\_\_\_\_ Production areas stabilized ? \_\_\_\_\_  
 1003c. Compacted areas have been cross ripped? \_\_\_\_\_  
 1003d. Drilling pit closed? \_\_\_\_\_ Subsidence over on drill pit? \_\_\_\_\_  
 Cuttings management: \_\_\_\_\_  
 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? \_\_\_\_\_  
 Production areas have been stabilized? \_\_\_\_\_ Segregated soils have been replaced? \_\_\_\_\_

RESTORATION AND REVEGETATION

Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ 80% Revegetation \_\_\_\_\_

1003e. INTERIM VEGETATION TRANSECT  
 TRANSECT RESULTS OF DISTURBED AREA% \_\_\_\_\_  
 TRANSECT RESULTS OF REFERENCE AREA% \_\_\_\_\_  
 TOTAL % OF DESIRABLE VEGETATION COVER \_\_\_\_\_  
 VEGETATIVE COVER \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

Comment

Corrective Action

Date \_\_\_\_\_

Overall Interim Reclamation

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: \_\_\_\_\_

Reminder: \_\_\_\_\_

Comment:

Well plugged \_\_\_\_\_ Pit mouse/rat holes, cellars backfilled \_\_\_\_\_

Debris removed \_\_\_\_\_ No disturbance /Location never built \_\_\_\_\_

Access Roads Regraded \_\_\_\_\_ Contoured \_\_\_\_\_ Culverts removed \_\_\_\_\_

Gravel removed \_\_\_\_\_

Location and associated production facilities reclaimed \_\_\_\_\_ Locations, facilities, roads, recontoured \_\_\_\_\_

Compaction alleviation \_\_\_\_\_ Dust and erosion control \_\_\_\_\_

Non cropland: Revegetated 80% \_\_\_\_\_ Cropland: perennial forage \_\_\_\_\_

Weeds present \_\_\_\_\_ Subsidence \_\_\_\_\_

1004.d. FINAL VEGETATION TRANSECT  
 TRANSECT RESULTS OF DISTURBED AREA% \_\_\_\_\_  
 TRANSECT RESULTS OF REFERENCE AREA% \_\_\_\_\_  
 TOTAL % OF DESIRABLE VEGETATION COVER \_\_\_\_\_  
 VEGETATIVE COVER \_\_\_\_\_

Comment:

Corrective Action:

Date \_\_\_\_\_

Overall Final Reclamation \_\_\_\_\_ Well Release on Active Location  Multi-Well Location

**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

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

**Pits:**     NO SURFACE INDICATION OF PIT