

**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:

08/09/2017

Submitted Date:

08/09/2017

Document Number:

687900238**FIELD INSPECTION FORM**
 Loc ID 312074 Inspector Name: DURAN, JOHN 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:7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Fitzgerald, Edie	719-845-2108/719-859-1394	Edie_Fitzgerald@xtoenergy.com	Env. Tech, Raton Basin
Trujillo, Irwin	719-846-0272/719-859-2264	irwin_trujillo@xtoenergy.com	Sr. Env. Tech., Raton Basin
Harrison, Lyndon	505-333-3100	Lyndon_Harrison@xtoenergy.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
217347	WELL	IJ	09/07/1989	DSPW	071-06123	APACHE CANYON 19-10	AC

General Comment:

LocationOverall Good: ☒

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

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	Posts		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Ancillary equipment	# 1		
Comment:	Wellhead and plumbing, Electrical BLDG, Pump BLDG.		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	500 BBLS	STEEL AST		,
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Other	Adequate	Walls Sufficent	Base Sufficient	Adequate

Inspected FacilitiesFacility ID: 217347 Type: WELL API Number: 071-06123 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 41 psig Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: DCKM

TC: Pressure or inches of Hg -8" Hg Previous Test Pressure _____ Last MIT: 08/05/2013

Brhd: Pressure or inches of Hg 2 psig Previous Test Pressure _____ AnnMTReq: _____

Comment: Next MiT on (8/5/18).

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
Gravel	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	268878	1121977	
	268878	1121977	

COGCC Comments

Comment	User	Date
Next MiT on (8/5/18).	duranj	08/09/2017