

**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:

09/07/2017

Submitted Date:

09/15/2017

Document Number:

687900329

FIELD INSPECTION FORM

Loc ID 307943 Inspector Name: DURAN, JOHN 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:

- 4 Number of Comments
- 0 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
259800	WELL	PR	10/02/2005	GW	071-07285	HILL RANCH 27-02V	PR

General Comment:

Location

Overall Good:

Signs/Marker:

Type	WELLHEAD		
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	PIT		
Comment:			
Corrective Action:		Date:	

Equipment:

Type	Area	Volume			corrective date
Type: Vertical Separator		# 1			
Comment:					
Corrective Action:				Date:	
Type: Progressive Cavity		# 1			
Comment:					
Corrective Action:				Date:	
Type: Gas Meter Run		# 1			
Comment:					
Corrective Action:				Date:	
Type: Deadman # & Marked		# 3			
Comment:					
Corrective Action:				Date:	
Type: Compressor		# 1			
Comment:					
Corrective Action:				Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 259800 Type: WELL API Number: 071-07285 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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

Type: Produced Water Lined: NO Pit ID: Lat: Long:

Reference Point: _____ Other: _____ Length: _____ Width: _____

Lining:

Liner Type: Liner Condition:

Comment:

Corrective Action

Date: c

Fencing:

Fencing Type: Fencing Condition:

Comment:

Corrective Action

Date:

Netting:

Netting Type: Netting Condition:

Comment:

Corrective Action

Date:

Anchor Trench Present: Oil Accumulation: NO 2+ feet Freeboard: YES

Comment: 30' x 70'

Corrective Action

Date:

Monitoring:	Monitoring Type	Comment
	Pit Level	