

**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:

11/10/2017

Submitted Date:

11/11/2017

Document Number:

671000721**FIELD INSPECTION FORM**

Loc ID      Inspector Name:      On-Site Inspection ☐  
 307365      DURAN, JOHN      2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 10084Name of Operator: PIONEER NATURAL RESOURCES USA INCAddress: 5205 N O'CONNOR BLVD STE 200City: IRVING      State: TX      Zip: 75039**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**5 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Distribution, Pioneer	972-444-9001	COGCC.Inspections@pxd.co m	<a href="#">All Inspections</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
217548	WELL	PR	09/23/1997	GW	071-06325	PCW 23-9	PR

**General Comment:**

**Location**Overall Good: ☒

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

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

<b>Good Housekeeping:</b>			
Type	UNUSED EQUIPMENT		
Comment:	Noise baffling shed not in use.		
Corrective Action:	Equipment not in use needs to be used or taken off site.	Date:	12/11/2017

Overall Good: ☐

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

In Containment: No

Comment: ☐ Multiple Spills and Releases?

<b>Equipment:</b>			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Electrical box		
Corrective Action:		Date:	
Type: Progressive Cavity	# 1		
Comment:			
Corrective Action:		Date:	
Type: Vertical Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	

<b>Venting:</b>			
Yes/No			
Comment:			
Corrective Action:		Date:	

<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities				
Facility ID: 217548	Type: WELL	API Number: 071-06325	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**COGCC Comments**

Comment	User	Date
SEE : <a href="#">Good Housekeeping</a>	duranj	11/11/2017