

**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:

11/15/2017

Submitted Date:

11/17/2017

Document Number:

671000754

FIELD INSPECTION FORM

Loc ID 307853 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: 10084
Name of Operator: PIONEER NATURAL RESOURCES USA INC
Address: 5205 N O'CONNOR BLVD STE 200
City: IRVING State: TX Zip: 75039

Findings:

- 7 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Distribution, Pioneer	972-444-9001	COGCC.Inspections@pxd.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
257940	WELL	TA	10/06/2015	GW	071-07061	LORENCITO 15-11-34-67	TA

General Comment:

(This area is currently blank for general comments.)

Location

Overall Good:

Signs/Marker:

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		Date:	
Corrective Action:			

Good Housekeeping:

Type	UNUSED EQUIPMENT		
Comment:	Pipe has been removed.		
Corrective Action:		Date:	

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

Type	PUMP JACK		
Comment:			
Corrective Action:		Date:	

Equipment:

Type	Count	Comment	Corrective Action	Date	corrective date
Type: Deadman # & Marked	# 6	Comment: Deadman have all been marked.	Corrective Action:	Date:	
Type: Pump Jack	# 1	Comment:	Corrective Action:	Date:	
Type: Ancillary equipment	# 1	Comment: Wellhead	Corrective Action:	Date:	
Type: Gas Meter Run	# 1	Comment:	Corrective Action:	Date:	
Type: Vertical Separator	# 1	Comment:	Corrective Action:	Date:	

Venting:			
Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 257940 Type: WELL API Number: 071-07061 Status: TA Insp. Status: TA

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

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

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 80'

Corrective Action

Date:

Monitoring:	Monitoring Type	Comment`
	Chain	

COGCC Comments

Comment	User	Date
Passed MIT on (07/16/15).	duranj	11/16/2017