

**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 _____ Inspector Name: _____ On-Site Inspection ☐
307853 _____ 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:7 Number of Comments0 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	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:

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

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

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:			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: <input type="checkbox"/> Shut In <input checked="" type="checkbox"/> Temporarily Abandoned									
Reminder: _____									
Comment: <input type="text" value="Passed MiT on (07/16/15)."/>									
Corrective Action: <input type="text"/> 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 PITType: Produced WaterLined: 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: NO2+ feet Freeboard: YESComment: 30' x 80'

Corrective Action

Date:

Monitoring:

Monitoring Type

Comment`

Chain

COGCC Comments

Comment	User	Date
<u>Passed MiT on (07/16/15).</u>	duranj	11/16/2017