

**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:

11/21/2017

Submitted Date:

11/22/2017

Document Number:

671000778**FIELD INSPECTION FORM**

Loc ID 308438 Inspector Name: DURAN, JOHN On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 100264Name of Operator: XTO ENERGY INCAddress: 600 E EXCHANGE AVECity: FORTH WORTH State: TX Zip: 76164**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION  
☐ FOLLOW UP INSPECTION REQUIRED  
☒ NO FOLLOW UP INSPECTION REQUIRED

**Findings:**4 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	ediefitzgerald@tcenergy.us	<a href="#">All Inspections</a>
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
272109	WELL	PR	03/07/2010	GW	071-08048	HILL RANCH 17-8	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		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Equipment:**

			corrective date
Type: Progressive Cavity	# 1		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 5		
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:

<b>Inspected Facilities</b>				
Facility ID: 272109	Type: WELL	API Number: 071-08048	Status: PR	Insp. Status: PR
<b>Producing Well</b>				
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 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 70'

Corrective Action

Date:

Monitoring:

Monitoring Type

Comment`

Other

Blue stake