

FORM  
INSPRev  
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:

12/13/2017

Submitted Date:

12/19/2017

Document Number:

671000803**FIELD INSPECTION FORM**

Loc ID \_\_\_\_\_ Inspector Name: \_\_\_\_\_ On-Site Inspection   
308697 \_\_\_\_\_ DURAN, JOHN \_\_\_\_\_ 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:**3 Number of Comments0 Number of Corrective Actions Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Harrison, Lyndon	505-333-3100	Lyndon_Harrison@xtoenergy.com	
Fitzgerald, Edie	719-845-2108/719-859-1394	ediefitzgerald@tcenergy.us	<a href="#">All Inspections</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
279160	WELL	PR	04/07/2007	GW	071-08474	HILL RANCH 15-9	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?

**Equipment:**

					corrective date
Type: Gas Meter Run	# 1				
Comment:					
Corrective Action:		Date:			
Type: Deadman # & Marked	# 5				
Comment:					
Corrective Action:		Date:			
Type: Progressive Cavity	# 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: 279160 Type: WELL API Number: 071-08474 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 90', snow

Corrective Action

Date:

Monitoring:	Monitoring Type	Comment`
	Pit Level	