

**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:

12/26/2017

Submitted Date:

12/28/2017

Document Number:

689500466

**FIELD INSPECTION FORM**

Loc ID 311865 Inspector Name: GRANAHAN, KYLE 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: 100264  
Name of Operator: XTO ENERGY INC  
Address: 600 E EXCHANGE AVE  
City: FORTH WORTH State: TX Zip: 76164

**Findings:**

9 Number of Comments  
0 Number of Corrective Actions  
 Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Reid, Van		van_reid@xtoenergy.com	Piceance Creek insp
Dooling, Jessica		Jessica_Dooling@xtoenergy.com	Piceance Creek insp

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
232425	WELL	TA	10/01/2017	GW	103-66423	U S A-PICEANCE CREEK 52-19G	SI

**General Comment:**

[On location to conduct routine inspection; Shares facility and tank battery with 05-103-09711](#)

**Location**

Overall Good:

**Signs/Marker:**

Type	BATTERY		
Comment:	Present/complete		
Corrective Action:			Date:
Type	WELLHEAD		
Comment:	Present/complete		
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
Comment:	Present/complete		
Corrective Action:			Date:

Emergency Contact Number:

Comment: 970-675-4117

Corrective Action:

Date: \_\_\_\_\_

Overall Good:

**Spills:**

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

**Fencing/:**

Type	TANK BATTERY		
Comment:			
Corrective Action:			Date:
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:

**Equipment:**

Type			corrective date
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		

Comment:			
Corrective Action:		Date:	

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 232425 Type: WELL API Number: 103-66423 Status: TA Insp. Status: SI

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: EQUIPMENT ONSITE

Comment: SI - no leaks/venting

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			
Compaction	Pass					
		Compaction	Pass			
Gravel	Pass					

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT