

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401596413

Date Received:

04/04/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

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

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

Distribution, Pioneer

972-444-9001

COGCC.Inspections@pxd.com

Leonard, Mike

mike.leonard@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 688400047

Inspection Date: 03/28/2018

FIR Submit Date: 03/28/2018

FIR Status: _____

Inspected Operator Information:

Company Name: PIONEER NATURAL RESOURCES USA INC

Company Number: 10084

Address: 5205 N O'CONNOR BLVD STE 200

City: IRVING State: TX Zip: 75039

LOCATION - Location ID: 334241

Location Name: BASELINE-632S67W Number: 31NENW County: LAS ANIMAS

Qtrqtr: NENW Sec: 31 Twp: 32S Range: 67W Meridian: 6

Latitude: 37.221670 Longitude: -104.931810

FACILITY - API Number: 05-071- -00 Facility ID: 288265

Facility Name: BASELINE Number: 21-31

Qtrqtr: NENW Sec: 31 Twp: 32S Range: 67W Meridian: 6

Latitude: 37.221670 Longitude: -104.931810

CORRECTIVE ACTIONS:

1 CA# 115357

Corrective Action: Lack of pit liner or pit liner compromised (Rule 904). IMMEDIATE NOTIFICATION TO THE OPERATOR Reduce fluid level in pit, contact COGCC EPS staff for directives.

Date: 03/30/2018

Response: CA COMPLETED

Date of Completion: 03/30/2018

Operator Comment: This well is not running, and the last production to this pit was August 24, 2011. The water in the pit is stormwater. We have added this pit to our pit closure list, and will begin the pit closure process as soon as weather allows.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: LaCretia White

Signed: _____

Title: Env Staff Spc

Date: 4/4/2018 10:08:32 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

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Total Attach: 0 Files