

**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:

01/31/2019

Submitted Date:

01/31/2019

Document Number:

680404176

FIELD INSPECTION FORM
 Loc ID: 315151 Inspector Name: BROWNING, CHUCK On-Site Inspection: ☐ 2A Doc Num:
Operator Information:

OGCC Operator Number: 100264

Name of Operator: XTO ENERGY INC

Address: 21459 CR 5

City: RIFLE State: CO Zip: 81650

Status Summary:

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

Findings:

6 Number of Comments

0 Number of Corrective Actions

☐ Corrective Action Response Requested
**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE**
Contact Information:

Contact Name	Phone	Email	Comment
Dooling, Jessica	(970) 878-6800	Jessica_Dooling@xtoenergy.com	Piceance Basin Field
Labowskie, Steve		steve.labowskie@state.co.us	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Reid, Van		Van_reid@xtoenergy.com	XTO Piceance and BOPCO Piceance

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
230333	WELL	SI	11/01/2018	DSPW	103-07993	U S A-PICEANCE CREEK T73-7G	SI

General Comment:

UIC-5 yr MIT.

Location**Lease Road:**

Type	Main		
comment:			
Corrective Action		Date:	
Type	Access		
comment:			
Corrective Action		Date:	

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?**Fencing/:**

Type	WELLHEAD		
Comment:	Wellhead inside housing		
Corrective Action:		Date:	

Equipment:

Type: Deadman # & Marked	# 4		corrective date
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 230333 Type: WELL API Number: 103-07993 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: WSTCA
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 02/03/2014
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 150 Csg psi: 560 BH psi: 0

Insp. Status: Pass

Comment: UIC-5 yr MIT.
Pressure well to 560 psi. Hold for 15 min. Final pressure 560 psi. -0 psi loss. OK
Test witnessed by COGCC using chart on truck.

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
Berms	Pass	Gravel	Pass			

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
680404179	Inspection photos 1/31/2019	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4721674