

**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:

07/06/2020

Submitted Date:

07/07/2020

Document Number:

700402290**FIELD INSPECTION FORM**Loc ID 335858 Inspector Name: Moran, Rick On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 100264Name of Operator: XTO ENERGY INCAddress: 110 W 7TH STREETCity: FORT WORTH State: TX Zip: 76102**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**8 Number of Comments3 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
West, Jerry		jerry_west@xtoenergy.com	
Clark, Erin	405-319-3250	erin_clark@xtoenergy.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
281524	WELL	PR	08/01/2017	GW	103-10655	FEDERAL 2S-95-15-22	PR

**General Comment:**

A routine inspection identified the following compliance issues:

- 1) Dead wildlife in cellar. Remove fluids from cellar. Photo 6. Complete by 8-7-2020.
- 2) One fallen deadman marker. Photo 7. Complete by 8-7-2020.
- 3) Remove any unused parts & equipment that will no longer be used on location. Photos 8 to 11. Complete by 8-7-2020.

This is a summary of inspection report 700402290.

**Location**Overall Good: ☒

<b>Signs/Marker:</b>			
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 911

Corrective Action:

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

**Good Housekeeping:**

Type	UNUSED EQUIPMENT		
Comment:	Remove any unused parts & equipment that will no longer be used on location.		
Corrective Action:	Comply with Rule 603.f .	Date:	08/07/2020

Overall Good: ☐

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Fencing/:**

Type	LOCATION		
Comment:			
Corrective Action:		Date:	

**Equipment:**

			corrective date
Type: Horizontal Heated Separator	# 2		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Chemical container.		
Corrective Action:		Date:	

Type: Other	# 2	
Comment:	Equipment building & communication tower.	
Corrective Action:		Date:
Type: Gas Meter Run	# 2	
Comment:		
Corrective Action:		Date:
Type: Bird Protectors	# 3	
Comment:		
Corrective Action:		Date:
Type: Deadman # & Marked	# 7	
Comment:	One fallen deadman marker.	
Corrective Action:	Install proper guy line markers per Rule 1003.a	Date: 08/07/2020
Type: Vertical Heated Separator	# 1	
Comment:		
Corrective Action:		Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<50 BBLs	Open Top		,
Comment:					
Corrective Action:					Date:

**Paint**

Condition	Adequate
Other (Content)	
Other (Capacity)	~10 bbl
Other (Type)	

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate			Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	2	300 BBLs	STEEL AST		,
Comment:					
Corrective Action:					Date:

**Paint**

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

**Berms**

Inspector Name: Moran, Rick

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent		Adequate	
Comment:					
Corrective Action:					Date:

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	2	500 BBLs	STEEL AST		,	
Comment:						
Corrective Action:						Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent		Adequate	
Comment:					
Corrective Action:					Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities									
Facility ID:	281524	Type:	WELL	API Number:	103-10655	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			Material Handling And Spill Prevention	Pass	

Comment: [Dead wildlife in cellar with fluid. Remove fluid.](#)

Corrective Action: [Properly treat or dispose of oily waste in accordance with 907.e.](#)

Date: 08/07/2020

**Pits:** ☒ NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	414349	1630557	
	414350	1630560	

**Attached Documents**

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
700402291	inspection photos	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5191805">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5191805</a>