

**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:

09/22/2020

Submitted Date:

09/22/2020

Document Number:

693802440

FIELD INSPECTION FORM

Loc ID 316375 Inspector Name: BROWNING, CHUCK On-Site Inspection 2A Doc Num: _____

Status Summary:

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

Findings:

10 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

Operator Information:

OGCC Operator Number: 100264
Name of Operator: XTO ENERGY INC
Address: 21459 CR 5
City: RIFLE State: CO Zip: 81650

Contact Information:

Contact Name	Phone	Email	Comment
Dooling, Jessica	(970) 878-6800	Jessica_Dooling@xtoenergy.com	Piceance Basin Field
Clark, Erin	405-319-3250	Erin_clark@xtoenergy.comgy.com	XTO Piceance and BOPCO Piceance
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Labowskie, Steve		steve.labowskie@state.co.us	
Koehler, Bob		bob.koehler@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159278	UIC DISPOSAL	AC	08/28/2009		-	YELLOW CREEK FED 4-16-1	SI

General Comment:

UIC-5 yr MIT. Wellhead inspection only.

Location

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

Overall Good:

Signs/Marker:			
	Type	TANK LABELS/PLACARDS	
	Comment:		
	Corrective Action:		Date:
	Type	WELLHEAD	
	Comment:		
	Corrective Action:		Date:

Emergency Contact Number:			
	Comment:	970-675-4117 or 911	
	Corrective Action:		Date: _____

Overall Good:

Spills:			
Type	Area	Volume	
In Containment: No			
	Comment:		
<input type="checkbox"/> Multiple Spills and Releases?			

Fencing/:			
	Type	WELLHEAD	
	Comment:	Panel fence	
	Corrective Action:		Date:

Equipment:			corrective date
Type:	Bird Protectors	# 2	
	Comment:		
	Corrective Action:		Date:
Type:	Gas Meter Run	# 1	
	Comment:		
	Corrective Action:		Date:
Type:	Pig Station	# 1	
	Comment:		
	Corrective Action:		Date:

Type: Horizontal Heated Separator	# 2		
Comment:			
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:	Pump inside housing		
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:	Generator insde housing		
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Bradenhead	# 1		
Comment:			
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	5	400 BBLs	HEATED STEEL AST		39.987175,-108.403221
Comment:					
Corrective Action:					Date:

Paint

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

Berms

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

Venting:

Yes/No	NO	
Comment:		
Corrective Action:		Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected Facilities

Facility ID: 159278 Type: UIC API Number: - Status: AC Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 2000

UIC Routine

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

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: -11 Csg psi: 2000 BH psi: 0

Insp. Status: Pass

Comment: UIC-5 yr MIT. Wellhead inspection only.
Form 42 Doc#402463950 received 8/11/2020, with test scheduled for 9/22/2020.
Pressure well to 2000 psi. Hold for 15 min. Final pressure 2000 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	Culverts	Pass			
Gravel	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	Secondary containment of chemicals

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
693802442	Inspection photos 9/22/2020	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5253446