

FORM INSP <small>Rev 05/11</small>	State of Colorado				DE	ET	OE	ES
	Oil and Gas Conservation Commission				Inspection Date: <u>03/05/2012</u>			
<small>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</small>								

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>LEONARD, MIKE</u>
	<u>299153</u>	<u>309541</u>		

Document Number: 664000396

Overall Inspection: Satisfactory

Operator Information:

OGCC Operator Number: 10084 Name of Operator: PIONEER NATURAL RESOURCES USA INC

Address: 1401 17TH ST STE 1200

City: DENVER State: CO Zip: 80202

Contact Information:

Contact Name	Phone	Email	Comment
Hiss, Duane	(719) 846-7898/ (719) 340-0329	duane.hiss@pxd.com	Production Foreman (Trinidad)

Compliance Summary:

QtrQtr: NWSE Sec: 5 Twp: 33S Range: 66W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/18/2012	663600092	PR	PR	S			N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
299153	WELL	PR	08/03/2011	LO	071-09671	Panther 33-5	<input checked="" type="checkbox"/>
301615	WELL	AL	01/25/2012	LO	071-09752	Panther 33-5 TR	<input type="checkbox"/>
309541	LOCATION	XX	04/14/2009		-	Panther 33-5	<input type="checkbox"/>
426745	PIT	AC	12/02/2011		-	PANTHER 33-5	<input checked="" type="checkbox"/>

Equipment: Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>2</u>	Wells: <u>2</u>	Production Pits: <u>2</u>
Condensate Tanks: _____	Water Tanks: _____	Separators: <u>2</u>	Electric Motors: <u>2</u>
Gas or Diesel Mortors: <u>2</u>	Cavity Pumps: <u>2</u>	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>2</u>	Oil Pipeline: _____	Water Pipeline: <u>2</u>
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: <u>2</u>	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action:

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
PIT	Satisfactory	STEL PANLES WITH POULTRY NETTING		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	1	Satisfactory	VGS/GMR UNIT		
Progressive Cavity	1	Satisfactory			
Vertical Separator	1	Satisfactory	VGS/GMR UNIT		
Prime Mover	1	Satisfactory	NATURAL GAS POWERED UNIT WITH SOUND WALLS		

Venting:		Comment
Yes/No		

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 309541

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____
 Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Agency	kubeczkod	Location is in a sensitive area because of close proximity to a domestic water well, close proximity to surface water, and shallow GW; therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations.	12/19/2009
Agency	kubeczkod	Location is in a sensitive area because of proximity to a domestic water well; therefore production pits must be lined.	12/19/2009
Agency	kubeczkod	Operator must implement best management practices to contain any unintentional release of fluids.	12/19/2009
Agency	kubeczkod	Location is in a sensitive area because of proximity to a domestic water well; therefore either a lined drilling pit or closed loop system must be implemented.	12/19/2009

Wildlife BMPs:

Stormwater:

Comment: _____

Staking:

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____
 Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____
 Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____
 Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Well

Facility ID: <u>299153</u>	API Number: <u>071-09671</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>426745</u>	API Number: <u>-</u>	Status: <u>AC</u>	Insp. Status: <u>AC</u>

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: RANGELAND, TIMBER

Comment: _____

1003a. Debris removed? Pass CM _____
 CA _____ CA Date _____

Waste Material Onsite? Pass CM _____
 CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____
 CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass CM _____
 CA _____ CA Date _____

Guy line anchors removed? _____ CM _____
 CA _____ CA Date _____

Guy line anchors marked? Pass CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? Fail Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____
 Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? Fail
 Production areas have been stabilized? Pass Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation Fail

1003 f. Weeds Noxious weeds? _____ P _____

Comment: LOCATION IN PROCESS OF VEGETAING UNUSED AREAS. APPEARS DISTURBED AREAS HAVE BEEN CRIMPED AND SEEDED, WILL NEED TIME TO VEGETATE

Overall Interim Reclamation Fail

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: RANGELAND, TIMBER

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Ditches	Pass					

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____

Pits:

Inspector Name: LEONARD, MIKE

Pit Type: Produced Water Lined: YES Pit ID: 426745 Lat: 37.199060 Long: -104.802600

Lining:

Liner Type: HDPE Liner Condition: Adequate

Comment: _____

Fencing:

Fencing Type: Wildlife Fencing Condition: Adequate

Comment: STEEL, PANELS WITH POULTRY NETTING AOUND IT

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: YES Oil Accumulation: NO 2+ feet Freeboard: _____

Pit (S/U/V): Unsatisfactory Comment: NO FREE BOARD INDICATOR

Corrective Action: INSTALL FREEBOARD INDICATOR Date: 03/30/2012

Permit:	Facility ID	Permit Num	Expiration Date
	426745	2221359	

Monitoring:	Monitoring Type	Comment
	None	NO VISIBLE FREEBOARD INDICATOR